

Public Hearing

Audience publique

Commissioners / Commissaires

The Honourable / L'honorable J. Michael MacDonald,
Chair / Président

Leanne J. Fitch (Ret. Police Chief, M.O.M)

Dr. Kim Stanton

VOLUME 37

Held at :

Dartmouth Hilton Hotel
101 Wyse Road
Dartmouth, Nova Scotia

Tuesday, June 14, 2022

Tenue à:

Hotel Hilton Dartmouth
101, rue Wyse
Dartmouth, Nouvelle-Écosse

Mardi, le 14 juin 2022

INTERNATIONAL REPORTING INC.

www.irri.net
(800)899-0006

II **Appearances / Comparutions**

Ms. Krista Smith

Senior Legal Advisor / Conseillère
juridique principal

Ms. Nichole Elizabeth

Legal Policy Advisor / Conseillère en
politique juridique

Mr. Leo Artalejo

Strategic Engagement Advisor / Conseiller
d'engagement stratégique

III
Table of Content / Table des matières

	PAGE
SMALL GROUP SESSION – SERVICE PROVIDERS	1
Facilitated by Ms. Krista Smith and Ms. Nichole Elizabeth	1
SMALL GROUP SESSION – ELECTED OFFICIALS	48
Facilitated by Mr. Leo Artalejo	48

IV
Exhibit List / Liste des pièces

No	DESCRIPTION	PAGE
	None entered	

Dartmouth, Nova Scotia

--- Upon commencing on Tuesday, June 14, 2022 at 9:35 a.m.

COMMISSIONER FITCH: Bonjour at bienvenue. Hello, and welcome.

We join you from Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq.

We begin today and each day of the proceedings by remembering those whose lives were taken, those who were harmed, their families and all those affected by the April 2020 mass casualty in Nova Scotia.

The small group sessions this week are helping to build our understanding of the context and impact of the mass casualty. This will assist us in making practical recommendations that are focused and actionable.

Our first session today includes service providers and will examine how they experienced service provision and engagement with families and affected communities after the mass casualty. This will be followed by a session with elected officials from Colchester County, one of the three counties where the mass casualty took place.

This session will focus on access to information during the mass casualty and supports and services that were most helpful to communities.

I will now ask members of our Research and Policy Team, Krista Smith and Nicole Elizabeth, to begin today's first discussion.

Our second small group session today will be led by strategic engagement advisor Leo Artalejo.

Krista.

--- SMALL GROUP SESSION - SERVICE PROVIDERS:

MS. KRISTA SMITH: Thank you.

So I'm Krista Smith of the Research and Policy Team and I led or facilitated yesterday's small group sessions, so the format is exactly the same as it was

1 yesterday. And the purpose is the same, but the content will be quite different because
2 today we'll be hearing from individuals who assisted in the days and weeks following the
3 mass casualty providing services and supporting families to the communities and
4 victims' families.

5 So just a few words about the format of the session today. So
6 we're bringing all of you together today so that we can hear about your experiences
7 both as individuals and as members of a larger organization, for many of you. And the
8 format of each of these sessions is structured so that each of you have the opportunity
9 to contribute on each of the questions.

10 So I'll pose a question or Nichole Elizabeth will pose a question and
11 then each person has the opportunity to respond, but you always have the chance to
12 pass as well, as you wish.

13 So when it's your turn to talk, you have the floor and no one will
14 interrupt you. As we've agreed, though, Nicole or I will kind of keep an eye on the time
15 and keep us on track in that way. As well, we may restate the question if we start
16 moving off from that question.

17 So after each person has spoken, we call that a round. Then we'll
18 do a follow-up most times, so we'll ask you -- it gives you an opportunity to add anything
19 that you might have forgotten to add or comment on anything that you heard from the
20 other folks.

21 So when it comes to talk about how your organization works, the
22 focus is on your experience with the organization, so if you have comments about policy
23 and training within your organization, we're interested to hear what that -- what role that
24 may have played in shaping your experiences. It may be relevant to share what it was
25 like to follow the policy in the situations you encountered or you may wish to comment
26 on whether it was hard to reconcile your training with the circumstances that you found
27 yourself in.

28 So now that I've outlined the format, we're going to begin with an

1 introductory round so that everyone can just hear who you are and a little bit about your
2 background and the role that you were performing at the time of the mass casualty.

3 So this is Nicole.

4 **MS. NICHOLE ELIZABETH:** Thanks, Krista.

5 Good morning, everyone. Nichole Elizabeth. I work with Krista on
6 the Research and Policy Team.

7 Good morning, Eveline. We'll start with you.

8 **MS. EVELINE GALLANT:** Good morning. My name is Eveline
9 Gallant and I work with the Nova Scotia Medical Examiner's Service. And I've been
10 working with them since 2006 when I started as a coordinator, and in 2010 I moved into
11 the position of Supervisor of Investigations. And that was the role I held during the
12 mass fatality.

13 My background is I'm a registered nurse and the majority of my
14 experience is in the critical care setting, but I've also worked in the community and in
15 hospitals in the Med-Surge units.

16 During the mass fatality, really, my job was to coordinate the
17 investigative group and to support them and give them what they needed to do their job.
18 That's really it.

19 Thank you.

20 **MS. LINDSAY DENIS:** Good morning. My name is Lindsay Denis.
21 I also work for the Medical Examiner's Service.

22 I am a nurse by trade. I worked in orthopaedics and emergency
23 medicine for about 18 years and then I've been with the Medical Examiner's Service
24 since about 2016.

25 My title there is Coordinator of Investigations, and my role is kind of
26 divided. There was a couple of us and we divided into two teams, and my role in this
27 event was to speak with the families.

28 And that's about it.

1 **MS. KRISTA SMITH:** Bruce?

2 **MR. BRUCE VARNER:** My name is Bruce Varner and I'm a
3 funeral director and embalmer with Mattatall-Varner Funeral Home in Truro.

4 I've been a licensed funeral director and embalmer since 1999, and
5 in my current employment since 2007.

6 At the time of the mass casualty, being one of two funeral homes in
7 the close proximity of one of the counties where this happened, we expected that we
8 would be called upon by some of the families and if that did happen, we were prepared
9 to help out as best we could. If that didn't happen, that was fine, too, but we weren't
10 sure where people were from, if they would be calling upon our services, but if that
11 request came, we were fully prepared to do that.

12 I entered this kind of work because I really enjoy helping people.
13 My funeral director aspect allows me to meet with families and arrange and organize
14 funeral services for their loved ones. My position as an embalmer allows me to prepare
15 deceased human remains for either burial or cremation and allow their families to see
16 them one last time before that does take place.

17 **MS. KRISTA SMITH:** Dana?

18 **MS. DANA BOWDEN:** My name is Dana Bowden. I am the
19 Director of Provincial Victim Services with Department of Justice.

20 I've been with Department of Justice for over 23 years. I've worked
21 in the justice system for 32 years. My background is I have a Bachelor of Arts degree
22 from Saint Mary's University with sociology as the major and Certificate in Criminology.

23 I've worked in various areas within the justice system, spent eight
24 years as a Correctional Officer, followed by an additional seven years as a Probation
25 Officer before moving to the Cyber Scam Investigation Unit, the first of its kind in
26 Canada for cyber bullying, before moving to Victim Services as Manager of Special
27 Initiatives back in 2016.

28 In 2020, I took over the position as Director of Provincial Victim

1 Services. My role was to provide supports in the communities of harm immediately after
2 this event to coordinate navigation support sites to support the communities and
3 families. Also, my role included overseeing the Criminal Injuries Counselling Program
4 that provides short-term counselling for victims of crime and family members to address
5 the immediate needs of trauma that they have experienced.

6 **MS. KRISTA SMITH:** Thank you.

7 Kim?

8 **MS. KIM BURTON:** Thank you. Good morning, everyone. My
9 name's Kim Burton, and I am currently the manager of Regional Service Delivery for
10 Victims Services. In Victims Services, we have four regions divided that managers
11 supervise. The area that I supervise is Antigonish, Pictou, Colchester, Cumberland,
12 and East Hants, and Pictou County.

13 At the time of the mass casualty, I was actually a Victims Service
14 officer, which I began with the Department of Justice in 2016, and in 2020, I became a
15 manager, and I changed roles at that time. My background is I have a Masters of
16 Counselling, Psychology, an undergraduate in Community Services. I spent some time
17 in the community for Victims Services being a mental health counsellor.

18 **MS. KRISTA SMITH:** Okay.

19 **MS. KIM BURTON:** My role at the present time is active. I have
20 team members onsite at the Inquiry here and continued support to the families.

21 **MS. KRISTA SMITH:** Okay, thank you.

22 So each of you -- just to be clear, the two of you are with the
23 Medical Examiner's Office and you work within the funeral home, and you two are from
24 Victims Services, so just to kind of keep that clear as we're listening to your
25 experiences today. Each of these are -- they're very different roles, but it's all very
26 difficult work. And I guess I'd like to ask you what keeps you -- what keeps you coming
27 back to this work? Why do you stay in this work? What brings you satisfaction in this
28 work?

1 **MS. EVELINE GALLANT:** Oh, I don't even know where to begin.
2 You know, being -- my profession is a registered nurse, so what brings most nurses to
3 that work is you want to make a difference and you want to help. And even though
4 people probably don't put that together with the work the Medical Examiner's Service
5 does, it's a huge role the investigative group does. We're a combination of critical care
6 nurses and critical care paramedics, and we've always had this real culture within our
7 program to help families get over this bump, help them find answers. So for us, like
8 that's -- that's the good thing about the work, that we can help families over this horrible
9 bump and to get to grieving and to their funeral arrangements. So that's what brings me
10 to the work.

11 And I work with a phenomenal group of people, right from
12 Dr. Bowes all the way through our investigators, all the support people. The people that
13 do the actual autopsy work, they are a remarkable group of people.

14 **MS. KRISTA SMITH:** Thank you.
15 Lindsay?

16 **MS. LINDSAY DENIS:** Well, similarly to what Eveline said, we
17 have a great team that keeps us grounded and everyone there is great. And where I'm
18 a nurse as well, I guess it's really just trying to, again, like Eveline said, help people
19 through like the most horrible times in your life, and you know, give them an answer as
20 to why this happened. You know, like with -- we provide the families with the cause and
21 manner of death, and just try to make it as easy as we can to help them through it, and
22 that's really all we can do.

23 **MS. KRISTA SMITH:** Okay. Thanks.
24 Bruce?

25 **MR. BRUCE VARNER:** I'm a third-generation funeral director and
26 embalmer, and I've had a life-long interest in funeral service and death since I was a
27 child. And that may sound morbid, but I don't believe that it is.

28 What keeps you coming back is the ability to help families at a time

1 when they're going through, like Lindsay and Eveline said, probably the worst time in
2 their life. People have said to me, "You have the worst job in the world", and I don't
3 believe that I do. When people come to me, they know what has happened, and it's my
4 goal to take you through a process, and hopefully from our first meeting, through the
5 days after that, I can see a difference in how you're handling your grief.

6 The same with the technical part of the embalming, I -- human
7 remains are entrusted to our care. Whatever the manner of death, you've entrusted me
8 to make your loved one presentable again so that you can have closure or a final
9 viewing.

10 The other thing that I love is that every one of my days is different.
11 I knew growing up I didn't want a nine to five job, where I was doing the same thing
12 every day. In large part I am doing the same thing every day, but every day is different.

13 **MS. KRISTA SMITH:** Thank you.

14 Dana?

15 **MS. DANA BOWDEN:** So having worked in the Criminal Justice
16 system for as many years as I have, I know it's incredibly difficult to navigate that
17 system, and I would say that for victims of crime, in particular, navigating that system is
18 even more difficult. It's important to have supports and services that provide support in
19 those roles for individuals who've been harmed and family members who've
20 experienced the harm as well. And so, often victims don't have a voice, and I look at
21 our organisation as being able to help to provide a voice for those who have been
22 impacted by crime.

23 **MS. KIM BURTON:** I remember when I interviewed for to be a
24 Victims Services officer in 2016, I remember asking at the end of the interview how long
25 will training take, and -- when I feel like I would be a competent Victims Services officer,
26 and I remember they told me two years. And I thought that was quite remarkable for the
27 role. I can completely validate that. And as systems change and society changes, it's a
28 tough role.

1 And so -- but I think all -- as a Victims Services officer and my
2 Victims Services officers, my team and my admin, they're helpers, they're born helpers,
3 probably like a lot of people on this panel, so I think that's why everyone keeps coming
4 back.

5 But as a manager, I'm recognising the reason why I like being a
6 manager is to identify efficiencies and to give my team more resources, more tools so
7 that clients on the frontline can feel the difference. There are times when, like Dana
8 said, that the system becomes -- where people get lost in it, and so at those times, it's
9 an opportunity for a manager to look for ways to fix that. And I keep coming back for
10 the clients to feel the change, to identify efficiencies.

11 And the Criminal Justice system is quite daunting, so it's so much
12 about obtaining information. Knowing about the Criminal Justice system, but at times it
13 becomes frustrating, so I guess my role is to make sure that everyone that works on my
14 team has everything they need.

15 **MS. KRISTA SMITH:** Okay. Thank you.

16 **MS. NICHOLE ELIZABETH:** So we'd like if you could tell us a little
17 bit about your involvement with the mass casualty, specifically, more about the services
18 that you provided.

19 **MS. EVELINE GALLANT:** Well, I mean, I have to be completely
20 honest, that week, I have real gaps in memory from that week. I do remember that we
21 did -- for us, investigating death and looking after the families and their loved ones, that
22 is just the regular part of our work, and that just marched on as it always does. I think
23 what was really unusual, of course, was the numbers of victims that week. So my role
24 was to make sure that we had the people that were directly involved in the
25 investigations and the recovery, that there were enough people on those teams to do
26 that work, to support the people in the office that were liaising directly with not just law
27 enforcement, with the families, so that they knew what to expect and when they could
28 expect to have their loved ones back.

1 So, you know, that really -- it's the support role. I've always thought
2 of what I do is in support of the people that are at the cold face doing the work, so that
3 was really my role.

4 We also had some junior people that hadn't been with us very long
5 that essentially carried the day-to-day work, the death that was happening and
6 marching on, as things do, so they needed some guidance, but also to support you
7 know, Lindsay and her colleagues that were actually doing that work with the families,
8 with our partners in law enforcement, and with our internal group, with our forensic
9 technicians and -- so that we knew what was going on at the time, just so we could get
10 those loved ones back to their families as quickly as possible.

11 **MS. NICHOLE ELIZABETH:** Lindsay?

12 **MS. LINDSAY DENIS:** So my role was a little bit different than
13 Eveline's. At the time of this event, there was four coordinators of investigation. We
14 kind of divided into two teams. Some went to the scenes themselves for recoveries,
15 and the other two of us stayed behind and spoke directly with families. So we liaised
16 with the RCMP family liaison, so as he would get the names of families, he would send
17 that information to us, and then we would in turn reach out to these families, let them
18 know what was sort of happening, where their loved one was, and what sort of -- how
19 things would progress from here on.

20 Part of our role was also to, you know, have these families -- if the -
21 - to have their loved ones released to funeral homes. And that was really, I guess, the
22 biggest part of ours. You know, discussing that, you know, in -- it's different for us in a
23 homicide where a lot of the times the information can't be released at the time because
24 of an ongoing police investigation. So we try to communicate that the best way we can
25 to the families in saying things like, you know, due to ongoing police investigation, we
26 can't release certain details at this time, but, you know, this information will become
27 available to you at a later time, just not right now. And then we could let them know that
28 the autopsies were done, and that their loved ones could be released. That's really kind

1 of where things would end for us, unless families would come back with questions, or if
2 they wanted to speak with the medical examiner, or meet with them to go over things,
3 that was an option they had as well.

4 **MS. NICHOLE ELIZABETH:** Bruce?

5 **MR. BRUCE VARNER:** As mentioned, where the mass casualty
6 happened, in large part in Colchester County, we're one of two funeral homes that serve
7 immediate Colchester County. So we weren't sure, as I had mentioned, if the victims
8 lived in the area, or if they were from away, if we would be called upon to provide
9 service, or if we would not be called upon to provide service. But if we were, we were
10 prepared to do that.

11 We were called upon to provide services to some of the families
12 from the mass casualty, and in meeting with those families, as Eveline said, much of my
13 work was the same, but on a much larger scale. And I want to be clear that I did not
14 work alone. I have a remarkable team with me. So meeting with the families to gather
15 information about their loved ones, so that we can register their deaths with the
16 province, help the families complete obituaries and other necessary government
17 paperwork. It was during COVID, so we did not arrange very many services, just
18 because of the situations that we were in.

19 On the embalming technical side, the families who entrusted their
20 loved ones to us, some did request to see them before they were buried or cremated,
21 and we made that possible, to the best of our ability, so that could take place. And for
22 us, that was a very important piece to be able to provide, given the nature of what had
23 happened. I think that's it.

24 **MS. NICHOLE ELIZABETH:** Dana?

25 **MS. DANA BOWDEN:** So my role, as I previously mentioned, was
26 to initially set up some navigation sites in the communities of harm. Initially, we were
27 expected to set these sites up for a two-week period. We had to look for locations that
28 were in the community that would provide some safety for those who were attending

1 those navigation sites, as well as safety for the staff. So we travelled to the various
2 communities, looking for appropriate sites in which we could set up the navigation sites.
3 Also, the role involved identifying individuals who were willing from our team to provide
4 these in-person services, as well as team members who were willing to provide services
5 via email or telephone.

6 We set up four sites in the communities, starting in May, May 5th,
7 2020. We set up a site in the Portapique Community Centre. We were in Masstown as
8 well at a site and Shubenacadie. In early June, we set up a fourth site in Wentworth
9 area. The sites were set up. We had staff from Victim Services who were navigators,
10 to provide wraparound supports for those who were impacted. Sheriff Services also
11 supported this initiative by providing on-site management and protocols as we were
12 right in the midst of COVID. We also had support from Correctional Services who
13 provided some trauma support on site for individuals who needed it.

14 Our sites were open 6 days a week initially from 10 a.m. until 7
15 p.m., Monday to Saturday. And in July, we reduced the hours from 10 a.m. to 5 p.m. In
16 August, we closed two of the sites that were located in schools as schools were
17 returning in September, so that would have been our Shubenacadie site as well as our
18 Masstown site. The two remaining sites remained open until January 8th, 2021, 2 days
19 per week. We also were provided with a space from the Municipality of Colchester in
20 Debert to provide in-person support should we require that space.

21 While this -- while the navigation sites were open, we also provided,
22 as I mentioned, support and services through the region that Kim is the manager of in
23 the Pictou Region, which included supports through telephone and email.

24 The additional piece in terms of my role, as I mentioned, was to
25 ensure that Criminal Injuries Counselling was made accessible to as many family
26 members, witnesses, community members, first responders as possible. The Criminal
27 Injuries Counselling Program certainly is -- it's regulated, and I had to step outside of
28 those regulations to ensure that the support was broad for those who were impacted, so

1 just ensuring that the process was not complicated and looking at ways to ensure that
2 we could get those counseling supports out to those who were most impacted as soon
3 as possible.

4 **MS. NICOLE ELIZABETH:** I wonder if you might help us
5 understand the goal of the navigational centres and the role specifically of the
6 navigators?

7 **MS. DANA BOWDEN:** Sure. So the goal of the navigation centres
8 really was to provide supports and services, wrap around supports, to those who were
9 most impacted in the communities.

10 So we were fortunate enough to have a resource guide that was
11 modified to provide information and support for the use of the victim service navigators,
12 which would, you know, allow them to reach out on behalf of those who needed support
13 and services.

14 We also had to create a third-party release of information form so
15 that we could speak on their behalf. We didn't want people to have to try and navigate
16 the complex system of receiving supports and services. That's the role that we wanted
17 to take on.

18 **MS. NICOLE ELIZABETH:** And so each of those navigators
19 helped facilitate connecting people with appropriate resources? Do I understand that
20 correct?

21 **MS. DANA BOWDEN:** Yes. Yeah.

22 **MS. NICOLE ELIZABETH:** Okay. Thank you.

23 **MS. KRISTA SMITH:** Can I ask a follow up?

24 **MS. NICOLE ELIZABETH:** Yeah.

25 **MS. KRISTA SMITH:** Sorry. I was just -- a couple of things you
26 said struck me. One was that you said these centres were set up for two weeks. But
27 then you mentioned July and then you mentioned January. Maybe you could comment
28 on how that rolled out?

1 And also, you explained to us what the services were. What was
2 your role and your experience in all of this as the weeks turned into months?

3 **MS. DANA BOWDEN:** Okay. So the -- as I mentioned, the
4 navigation sites were initially -- we were asked to go into the communities for two
5 weeks. And as we were in the communities, we -- there was a recognition that we
6 needed to be there longer.

7 **MS. KRISTA SMITH:** M'hm.

8 **MS. DANA BOWDEN:** And so taking the trauma-informed
9 approach to think about the needs of those who are most impacted, what do they need
10 and what can we provide?

11 So we didn't have -- there was a great deal of uncertainty. We
12 didn't know. I think what kept us going was those two-week periods, thinking about how
13 we were even going to staff the navigation sites. I know covid has been difficult, but
14 one of the -- I guess if there's a bright light about covid, it was that we -- I don't feel we
15 would have been able to provide these services in the way that we did, if not for covid.

16 The Courts were running minimally and there were essentially no in
17 person supports within the court system. So that allowed our victim services officers to
18 be available to provide the navigation support, as well as sheriff services to provide that
19 on site management of the sites.

20 You asked me another question?

21 **MS. KRISTA SMITH:** Yeah, what were you doing through all this?

22 **MS. DANA BOWDEN:** What was I doing? As I mentioned, I was
23 looking for sites. Just trying to support those who were providing the services. So I was
24 travelling from community to community on a weekly basis and having conversations
25 with those who were providing the direct service to ensure that they had what they
26 needed to provide these services. I was trying to plan ahead in the event that four
27 weeks did end up into six weeks, and six weeks ended up into two months. So looking
28 towards some of the relationships that I had built over my number of years working

1 within Department of Justice, to reach out to my colleagues to see what types of
2 supports they could lend us to be able to continue to provide these services in
3 community.

4 **MS. NICOLE ELIZABETH:** Okay. Kim, so the question that I had
5 asked was tell us about your involvement with the mass casualty and the services that
6 you were involved in providing?

7 **MS. KIM BURTON:** So at the time of the mass casualty, I was
8 actually a victim services navigator. So Dana explained it quite well. I think I was in the
9 second week I got asked if I would go to Portapique for a week and be in the community
10 hall as a Victim Services Navigator with another victim services navigator.

11 So at that time, there was two sheriffs. There was a camper trailer,
12 I would explain it, outside of the hall, where Trauma Support was present. So what had
13 happened, it wasn't by appointment. It was by walk in. So the victim services
14 navigators were inside the hall and anyone could walk in. So when someone did come
15 in, we would find out a little bit about them. It was a completely different way of how
16 we're used to working.

17 So I remember feeling at the time really unsure. The resource
18 booklet, really good resource. A lot of government partners came together to support
19 us. But I immediately recognized that the role of the navigator was completely different
20 than the victim services officer.

21 So after that week, just to explain, I was out of the Cape
22 Breton/Port Hawkesbury office. So it was a completely different region than I was used
23 to working in.

24 So after the week in Portapique, I returned to my regular role as a
25 victim services officer with the Cape Breton region/Sydney region. But I stayed on and
26 helped Pictou region, helped manage their regular files, because of course we had to
27 continue supporting the people of Nova Scotia in that area.

28 I think around that time, there was probably between 800 and 900

1 open files. At that time, there was an office staff, I think, of seven or eight, and two of
2 them could be in the community.

3 So although I was in the community, I was a team member for the
4 Pictou region at that time. I can't remember how long I stayed on with them, on and off,
5 helping. But I think the recognition of other Nova Scotians that needed our support at
6 that time as well.

7 And then when a victim services officer has a client file, they have a
8 relationship for probably two years with a client. So being someone from out of that
9 region, it's not ideal sometimes that a client -- that a victim services officer from a
10 different region offers support.

11 So I guess everyone just had to really come together as a team and
12 do what -- do our best at that time.

13 **MS. NICOLE ELIZABETH:** And you shared that a navigator, you
14 realized, was quite different than victim services officer. Can you tell us a little bit more
15 about that?

16 **MS. KIM BURTON:** Sure. As a victim services officer, you meet a
17 client very early in the process of the criminal justice system. It could be before a
18 charge has been laid or it could be after a charge has been laid. And we stay with that
19 client all the way through the criminal justice process, sometimes even supporting them
20 in parole hearings, Criminal Code Review Board, connections for provincial and federal
21 corrections.

22 So the criminal justice system is a system that's predictable from
23 the arrangement to election plea, to all the hearings all the way through.

24 So as you become more and more familiar with the role, you're able
25 to give the client a lot more information, which is very empowering to the client.

26 As this -- as navigator, the clients could be anyone. All hurting.

27 And I remember one person coming in, they came in the door, and
28 they opened the door and they shut the door, and I remember wondering if they were

1 scared of covid or if they were not knowing who we were. And I remember when they
2 came in, they said, "I don't know why I'm here."

3 So it was almost a time where I felt like my counselling background
4 -- it was hard to determine the two being a Victim Service navigator, Victim Service
5 Officer, and then some counselling background.

6 And I have to respect the community because some people didn't
7 know who we were. We were never in Portapique before. I was never in Portapique
8 before, so we were strangers.

9 So I respect the community so much for reaching out and there was
10 some strong community members that came and said, "Can you tell us a little bit about
11 what you're doing here so I can go back and tell the community?"

12 So it was early when I was there and I remember the resource kind
13 of a booklet we were looking at as a reference guide, things came up that wasn't in the
14 booklet that I had to reach up to managers and supervisors at the time to say, "Okay,
15 this is happening. How can we help this person?"

16 So it was -- everyone's different, of course. Everyone has different
17 needs.

18 **MS. NICHOLE ELIZABETH:** That sounds like that time was quite
19 different for you in terms of your role as well, is what I understand.

20 **MS. KIM BURTON:** It was. And now that I'm a manager, it's
21 continuing. It's very fluid, what's happening, and I'm speaking from a spot that we're
22 actively supporting families now and again navigating the information piece.

23 **MS. NICHOLE ELIZABETH:** So as Krista mentioned when we
24 started, we'll go around and just do another round with that question, but I'm interested
25 if -- to hear a little bit more -- some of you have already touched on it -- how your
26 experience responding was different or maybe similar to your usual role.

27 **MS. EVELINE GALLANT:** It was both the same and it was
28 different. You know, like some of the -- my colleagues on the panel have said is, you

1 know, COVID was also in play and it was relatively new still, so you know, there were
2 some things internally that were playing out. We're a very small organization and we
3 were really concerned that our whole autopsy service would get waylaid if someone got
4 sick, so we were trying to navigate that to protect each other, which then makes it a little
5 hard to support one another when everyone's at a distance.

6 So you know, that was a challenge and an added responsibility to
7 the role. But you know, overall, the work was the same. It was just that volume, that --
8 and more intensity because people's feelings were right here.

9 Some of us had worked with Heidi Stevenson and we knew all of
10 those -- all their colleagues. They'd been in and out of our organization for years. We
11 worked with them very closely. That was very difficult. And to try to help people, you
12 know, try to deal with all of this compounded stress that was going on.

13 Really, my role overall was just -- it was just more of the same
14 thing, you know, try to -- try to support the people that were doing the work, making sure
15 they had what they needed, checking in with people regularly, trying to find a way to get
16 them over -- through all of this.

17 Otherwise, I don't know what was any different.

18 **MS. NICHOLE ELIZABETH:** Lindsay?

19 **MS. LINDSAY DENIS:** Well, like Eveline said, it was the volume of
20 this event for us.

21 But one thing I think we both forgot to mention, part of our role is
22 identifying people, and that's what I forgot to mention as part of what our role was. So
23 there's different ways we can do that. We can do it through fingerprints. If the person
24 would have fingerprints on file with police already, we can do fingerprint comparisons.
25 There's DNA. There's dental and visual.

26 So because COVID was happening, some of these families would -
27 - there was options of how we could go about identifying their loved one. They were
28 welcome to come to our office. Trying to be COVID friendly and do that and, you know,

1 support them at the same time was challenging.

2 Or there was emailed photos. That was an option they had as well.

3 And then, of course, DNA was their other options.

4 But as far as, you know, what -- our day-to-day, I think, it was really
5 just the volume, like Eveline said, was what we were not used to. But I think we did well
6 with -- you know, we used all of our resources and everyone was willing to help us, so
7 for us, it was everyone came together.

8 **MS. NICHOLE ELIZABETH:** Are you able to share a little bit about
9 -- you know, I hear you both saying that the volume was really one of the, sounds like,
10 challenges. Are you able to share with us a little bit about how you were able to
11 manage that and how that might have been slightly different from your usual day to day,
12 if at all?

13 **MS. LINDSAY DENIS:** Well, I guess we don't usually have that
14 many homicides all at once, thank goodness. Eveline really kind of started pulling
15 things together, I guess, with, you know, sending out emails, looking for any of our
16 casual co-workers to see if anyone was available. And I think everybody pretty much
17 jumped up to help for that, right.

18 And all of the medical examiners came together. I'm trying to think
19 of what else -- who else.

20 Everybody. We all came together, I guess, as a service.
21 Everyone was willing to help.

22 Like Eveline had mentioned earlier, day-to-day life was still
23 happening in the background for us, so we had some casuals that came in to sort of
24 look after the day to day for us while we dealt with what was happening in the
25 meantime. And I think that's about it for -- yeah.

26 **MS. NICHOLE ELIZABETH:** Thank you.

27 Bruce?

28 **MR. BRUCE VARNER:** I don't want to piggyback off of Eveline

1 and Lindsay, but they've touched on the day-to-day work still was happening and the
2 scope of our work -- even though this was a mass casualty, the scope of our work was
3 much the same but on a greater spectrum simply with the numbers of victims.

4 So working through that, meeting with families who were local, but
5 the difficulties -- I'm not sure that's the right term, but there were a number of families
6 who were out of province and couldn't be here to meet face to face because of COVID
7 and not being able to travel.

8 When we meet with a family, a lot of the comfort and support that
9 we can bring is established at face-to-face conversation and interaction, and that wasn't
10 an opportunity that was given to everybody just because of the dynamics surrounding
11 everything like this.

12 But like I said, the work that I do was much the same, just on a
13 larger scale and under different pressures and circumstances. There was a lot at play
14 because there was nothing about this that was normal. Not one of these victims lived to
15 a ripe old age of 95 or 100 and died in their sleep. Their lives were taken far too quickly
16 and violently, so there was all of those things that factored into play when meeting the
17 families and understanding their concerns and helping them through this process with
18 other outside factors that couldn't be controlled by anybody.

19 **MS. NICHOLE ELIZABETH:** Thank you, Bruce.

20 Dana, I'll turn to you.

21 **MS. DANA BOWDEN:** So interestingly enough, I'm not really sure
22 what my role was as a Director. I had stepped into the role in February of 2020 in a
23 temporary assignment for a year. Then COVID struck in March of 2020, so all of the
24 staff were directed to work from home, and then this event in April. So I was learning
25 my role. I was doing two roles because my previous position with Victims Services had
26 not been filled.

27 And I consider myself -- my personality is very much a doer, so I
28 jumped into action as best as I could, looked for ways to provide the best support that

1 we could and looked for ways to address any barriers that came up along the way. So
2 my role was really to support the individuals who were providing this service to those
3 most impacted and to look for ways to improve our processes and policies that would
4 not impact those who needed the services and supports, while continuously thinking
5 about "what if" because I like to think of myself as a planner, and there's just some
6 things that you can't plan for, and this is an example. But thinking about how two weeks
7 turned into four, you know, thinking about, "Okay, if this -- if we need to be in the
8 communities longer, what options do we have?", looking for how we can support this
9 initiative.

10 **MS. NICHOLE ELIZABETH:** It sounds like it was a -- and I think
11 both you and Kim have mentioned -- used the word "fluid" today. But I'm wondering if
12 you can share with us a little bit, you mentioned you were, you know, learning, and
13 figured things out as you -- as you went into this, and trying to plan, but also trying to
14 address barriers. Can you share with us a little bit more about some of the things that
15 you were encountering, lessons learned along the way and how you were addressing
16 those barriers as they were identified?

17 **MS. DANA BOWDEN:** Sure. So I think one of the -- one of the
18 barriers that was identified quite early on was the hourly rate for criminal injuries
19 counselling. As I mentioned, it's regulated under the *Victims Rights and Services Act*,
20 and the rate had not been updated in a -- in a number of years. So recognising that
21 individuals have different needs, and so a counsellor may be identified for an individual
22 that the rate is not comparable to what the counsellor requires in terms of hourly -- the
23 hourly rate. So looking at ways to address that as a barrier because the last thing that I
24 wanted to see is that there be responsibility for those who were most impacted to pay
25 the difference in terms of an hourly rate.

26 I think just even the application form. The application form for
27 criminal injuries counselling was very cumbersome. And so looking at how this form
28 could be modified in a way that we could address the applicant's needs very quickly.

1 Something as simply as a signature block. So when I went into the
2 position, all the criminal injuries counselling applications I had to sign off on, and so I
3 had to -- the Program Coordinator at the time would, after we reviewed the files, she
4 would set the files in on my desk. And because of COVID we weren't allowed to be
5 together, so I would go in on, like Saturday morning, and sign a stack of criminal injuries
6 counselling files to ensure that we got them out in a timely manner. So we addressed
7 that relatively quickly, where she had -- I had a signature block so that I didn't have to
8 physically go in and sign these files and we could get them out on a daily basis.

9 Yeah, I think that's -- I'll stop there for now.

10 **MS. NICHOLE ELIZABETH:** Okay. I wonder if you might help us
11 understand what getting a file out means?

12 **MS. DANA BOWDEN:** So getting the -- so all of the criminal
13 injuries counselling applications have to be reviewed with the Director and approved
14 with the Director, and so I would be reviewing the files via telephone with the Program
15 Coordinator, and then those counselling, they're called awards, it's not a great word, but
16 those counselling awards were mailed out to individuals who had applied for the
17 counselling. They would receive the counselling confirmation, as well as a list of
18 counsellors that -- approved counsellors that they would choose from to provide that
19 service.

20 **MS. NICHOLE ELIZABETH:** Okay. And that would be a list of
21 counsellors who your service or Victims Services was aware was willing to take on ---

22 **MS. DANA BOWDEN:** Yeah.

23 **MS. NICHOLE ELIZABETH:** --- these files?

24 **MS. DANA BOWDEN:** They were approved counsellors. So
25 there's an approval process for counsellors to join our list. In a number of occasions,
26 we had counsellors who weren't on our list that had provided an application specifically
27 to support a family member or family members or community members from the mass
28 casualty. So being able to add those counsellors on the list very quickly to ensure that

1 those services were available very quickly.

2 **MS. NICHOLE ELIZABETH:** Okay. Thank you.

3 Kim?

4 **MS. KIM BURTON:** I think I have just a little bit -- I spoke a little
5 about the differences earlier, but one thing I remember being so challenging is the
6 referral process. Like, we count on, in Victims Services, people self-referring through
7 police, Crown, and it's something that we think that a lot of people know about provincial
8 Victims Services, but if you haven't been referred to us or haven't experienced the
9 Criminal Justice system, you may not even know about Victims Services.

10 So at the time of the mass casualty, I remember our client base
11 was unknown. We were relying on other agencies to refer people to us or self-refer,
12 and I'm not sure if the public even know that they could self-refer.

13 So it's been really humbling attending the site here and the other
14 sites and hearing those most affected for the very first time, and I'm wondering why
15 didn't we -- why didn't we reach them yet? I've had that experience this week, thinking,
16 you know, there's some people out there that we still haven't helped yet, and there's
17 community members that reached out in the last three months and said, "I think I'm
18 ready for help now." And it could be their healing process, but it also -- some
19 community members said, "I wanted the families and those most impacted helped first."

20 So the challenge is to know that we can still help because we're still
21 ongoing, so the challenge remains that there's a lot of Nova Scotians, a lot Canadians,
22 a lot of people that we haven't reached yet.

23 **MS. NICHOLE ELIZABETH:** And I wonder, you know,
24 understanding that the sites that were set up originally are no longer there, but I hear
25 you, Kim, saying, you know, "We're still here and we can still help." And so if there was
26 somebody who is listening or tuning into our conversation today, how might they go
27 about accessing that help?

28 **MS. KIM BURTON:** We can be reached, we have a toll-free

1 number, any Victims Service office, head office, any number, Department of Justice can
2 navigate them to us. Again, I feel like we're still navigators. We would -- we would
3 really appreciate even other organisations to help connect people. It just -- it's -- it's just
4 humbling to know how many people are still out there.

5 **MS. NICHOLE ELIZABETH:** Thank you. I wonder if you might
6 share with us, and I think that at different points you've all shared a little bit about this
7 already, but the most challenging parts of being involved with the mass casualty and
8 offering the services that you did?

9 **MS. EVELINE GALLANT:** One of the things I think that was the
10 most challenging for our group, I think, was just the mental health part for all those folks
11 that did the work. Like, you know, our staff, they were at those scenes, they
12 participated in those recoveries, so there was a lot going on with that. And also, you
13 know, to talk to those families in their most awful moments, having to deal with all of
14 this, you know, there's a wide ranging, you know, affect from all of that. So, you know,
15 that's -- that is -- that's concerning. And it was difficult to deal with. We are lucky, we've
16 got a very close relationship with a minister in the community that helps us with our
17 respectful disposition program. We have a respectful disposition program for organs
18 that are retained after autopsy. And she was kind enough and generous enough to
19 come in and spend a couple of days just hosting a, like, a coffee break, so people could
20 just come in and, you know, just talk to her. And she talked a little bit about how our
21 reactions were normal, you know, what -- how -- you know, to feel this way, to not
22 remember big parts of time, and, you know, being overwhelmed, and crying at just the
23 spur of the moment, that that's absolutely normal in relation to that kind of stress. So
24 that really -- and am I at all answering your question?

25 **MS. NICHOLE ELIZABETH:** There's no right or wrong answer.

26 **MS. EVELINE GALLANT:** Well, that was really I think one of the
27 most difficult things, to try to figure out how to support everyone. You know, it's just -- it
28 was such an -- it's such an unusual event between COVID and the tragedy these

1 families had to deal with, it was just so much at that time. So that was the biggest
2 challenge, the hardest thing.

3 **MS. NICHOLE ELIZABETH:** Thank you for sharing that.
4 Lindsay?

5 **MS. LINDSAY DENIS:** I think for me, the hardest part was
6 listening to the families' frustrations or questions that I couldn't answer. And that was
7 hard, because part of my role is to help these people with questions, but a lot of them I
8 wasn't able to answer, and that was hard. Just given the situation that they were all in, I
9 wanted to do as much as I could for them, and to not be able to do that was difficult.

10 But I think, you know, like Eveline said, it was really just trying to
11 support them in the best way we could, trying to guide them through it as, you know,
12 easily, I guess, as we could, to make it as smooth as we could. But I guess that that, on
13 top of the senselessness of everything, was really a common theme with all of the
14 family members. Just, you know, their questions of, like, why is this happening, and
15 how does this happen, like, I -- you know, it's hard when you have nothing to respond
16 with other than, you know, I'm sorry that you're in this position and I wish we weren't
17 speaking today, but anyway, that's -- that was the hardest part for me.

18 **MS. NICHOLE ELIZABETH:** Can you -- are you able to elaborate
19 at all on that part where you aren't -- you weren't in a position to share as my
20 information as you might like?

21 **MS. LINDSAY DENIS:** Yeah, so, you know, we work closely with
22 police, and when there is a homicide, usually how things happen is, you know, police
23 will ask us not to release information specific to, you know, certain things, so that it
24 doesn't compromise their investigation. So we tell the families exactly that. You know,
25 because of this ongoing investigation, we can't divulge certain things. I can tell you that
26 the autopsy's done, but I can't review any specific details of anything until police really
27 give us the green light to do that. And we do let them know that, you know, in the grand
28 -- it's difficult when they're in that situation to hear that, and we try to keep that in mind

1 because a lot of them want the answers and they can't -- I think there's a -- maybe
2 people think we work for or, you know, with RCMP, and really, we're -- we work for the
3 government. We're part of Justice Department. We don't work for the RCMP, but we
4 do work closely with them to help them with their investigation as well, because in the
5 grand scheme of things, that really, you know, will give these families justice at the end
6 of the day, hopefully, as that's the goal. Does that answer your question? Is that ---

7 **MS. NICHOLE ELIZABETH:** Yeah, thank you.

8 **MS. LINDSAY DENIS:** Yeah.

9 **MS. NICHOLE ELIZABETH:** Are you able to share at all when you
10 were in a position to be able to share that information?

11 **MS. LINDSAY DENIS:** Yeah, I think it was later. I don't remember
12 the exact dates. I apologize. Once we had clearance from RCMP to -- the autopsy
13 reports were ready, we get notified of this through our admin staff that the medical
14 examiners completed these reports. Once we were notified that they were ready, we
15 would then let the family liaison know that they were ready and also the lead
16 investigator, but none of that -- those were the only real two people we spoke to about
17 that. And then once they would communicate to us that, yes, you can go ahead and
18 release this information to the families, we did reach out to them and let them know that
19 these reports are available. If you want to know the -- if you want, you know, the copies
20 of them, if you want to review them, we can do that. And some families opted to have
21 them released to them, some did not, and that's their choice. Some of them were
22 offered to come in and sit with the medical examiner to go over everything that's in it.
23 It's a very detailed report and they're difficult to read if you are not medically inclined.
24 It's a very detailed report of, you know, organs and things like that, what was seen on
25 autopsy. And if you're not a medical person, it would be difficult to interpret.

26 **MS. NICHOLE ELIZABETH:** Okay. Thank you.

27 **MS. LINDSAY DENIS:** Okay.

28 **MS. NICHOLE ELIZABETH:** Bruce?

1 **MR. BRUCE VARNER:** I think the compounded grief of the
2 families and the community, the province, and the country, understanding each family's
3 unique needs, and making sure that each individual person was recognized, and their
4 story was told, and they weren't lost in the blanket of this casualty, yes, each individual
5 was one of the victims, but each individual was their own unique person. And it was our
6 goal to make each family feel as though they were the only family that we were dealing
7 with, and not to include them in a blanket, because that just didn't fit. Everybody's story
8 had to be told.

9 Whereas, we weren't allowed to have public services, and I think at
10 that time we weren't even allowed to gather in large groups with our own families, that
11 was another unfortunate issue that we couldn't gather publicly. The public from local
12 and far and wide were calling and asking how they could support these families.
13 Colleagues were calling from far and wide asking how they could support us, how they
14 could be of help. There was just such a need that people wanted to reach out and let
15 the people who were directly impacted know that there were people on their side and
16 wanted them to know that they were being thought about.

17 The families who were out of province, again, I spoke on that, and
18 the difficulty in chatting and doing my job via phone and email and maybe Skype
19 conversations. And as Lindsay and Eveline spoke about, there were some of the
20 victims who were not easily identified, and although their office was working to the best
21 of their ability, that process took time, and families, rightfully so, become anxious, but
22 there is a process, and the medical examiner's office want to do their best job. So this
23 is certainly not a shun. It's a compliment that you're doing your best job to ensure that
24 the process is being followed, but on the other end, when the family is waiting for their
25 loved one to be released, you're doing that as expediently as possible, but it can't
26 always be in the timeframe that the family would have hoped.

27 So I think in those cases, the waiting for the families, through
28 nobody's fault, was probably a hard thing for them to handle.

1 **MS. NICHOLE ELIZABETH:** And it sounds as though it was a
2 challenge that you tried to work through with them?

3 **MR. BRUCE VARNER:** I don't want to say challenging, because
4 every family that I was honoured to meet and to care for, I probably had a lot of healing
5 from my interactions with our conversations. But the challenging part was not the
6 people. It was the process. I just want to be very clear on that.

7 **MS. NICHOLE ELIZABETH:** And that's what I meant. The
8 challenge being the waiting.

9 **MR. BRUCE VARNER:** M'hm. Exactly.

10 **MS. NICHOLE ELIZABETH:** Yeah. Yeah. Thank you.

11 Dana, I'll turn to you.

12 **MS. DANA BOWDEN:** So I think one of the challenges was being
13 isolated to try and do this work, and not being able to check in with the teams that were
14 providing the service in a way that we would have liked to have been able to do that to
15 support them.

16 I think another challenge was resources, always wondering. "Is
17 there more that we can do?" or, you know, even understanding what additional
18 resources are out there for individuals.

19 And I think, you know, certainly there's a great recognition that we
20 all work in systems and we don't necessarily work collaboratively as much as we should
21 be working collaboratively. So a recognition of even, you know, back to criminal injuries
22 counseling, is that a resource that, you know, everybody can benefit from. And if not,
23 what additional resources are available and how do you transition individuals to longer
24 term resources when you don't necessarily know all of the resources that might be
25 available?

26 So just, again, just thinking about the longer term, how to support
27 people. And how to support my own team and ensure that they're well enough to do
28 this work, because if they're not well, they can't provide the services in a way that they

1 need to be provided.

2 **MS. NICHOLE ELIZABETH:** We heard from Kim how the role of
3 navigators is slightly different than victim services officer. And so one of the things that
4 comes to mind as you're sharing your experience is how was what you put in place in
5 terms of navigational centres and a response to the mass casualty, can you talk to us a
6 little bit about the challenges in mobilizing those supports? Were they different than
7 what Victim Services might ordinarily do?

8 **MS. DANA BOWDEN:** So I would say in the past with Victim
9 Services, much of the work has been done within our office settings. And when I initially
10 came into this role, I recognized the importance of us being in the community to provide
11 services to the community, because understanding that expecting people to come to us
12 is a huge barrier, particularly for marginalized and vulnerable communities. And so that
13 was an area that I wanted to focus on. And I think the navigation sites allowed us to be
14 in the communities and to recognize the importance of just be present, you know, being
15 available should there be somebody who needs the support.

16 So there were many days where nobody came to the site. There
17 were days when, you know, two people came to the site. But the attitude of the
18 individuals who were working on those sites were if one person comes to that site, one
19 person has been helped and supported.

20 So, you know, I think it allowed -- allows us to explore how our
21 services and supports can be provided in a different way that's actually going to benefit
22 those who require the services.

23 **MS. NICHOLE ELIZABETH:** Thank you.

24 Kim, what were the challenging parts during your involvement with
25 the mass casualty?

26 **MS. KIM BURTON:** I would have to say the first thing that jumps to
27 my mind is communication. Victim services officers rely heavily on outside partners,
28 just by nature of the work, from Crown, police, in order -- we get provided information.

1 And with that information that we give to clients and victims of crime, it's the
2 transparency, the trauma informed transparency that victims of crime need to know that
3 they're taking a little bit of power back because they know of what's going to happen
4 next.

5 In preparing -- at the start of this, our clients relied on us to check
6 back on the tasks they give us, "Can you check on this? Can you reach out to this
7 person? This resource?" So we always -- we had continued contact with a lot of
8 families. I believe we have 188 files of family community members that have varied
9 level of activities, varied level of tasks.

10 But what had happened prior to the inquiry beginning, there was a
11 lot of uncertainty of course. Being the main contact for the families at times, they would
12 -- they were wanting a lot of information that we could not -- we did not have.

13 When the inquiry began, we were getting a lot of questions such as,
14 "This person has reached out to me. Do they work for you?" Or -- I said, "No, they're
15 part of the Mass Casualty Commission." That's how -- so there was a bridge needed in
16 order for our client base to feel safety in order to be supported.

17 And then the families in the communities -- the families right now
18 are navigating a lot of different systems. I think every one of us have mentioned
19 processes and systems that it just -- we just can't take individuals and put them in
20 systems. It just doesn't work like that. It doesn't work well like that. If we're human-
21 centered, client-centered, we're constantly reaching out to systems and saying, "Do you
22 have information for our clients?" That has not been smooth. Can we be better?
23 Absolutely. Sometimes that's within government. Sometimes I feel like some of our
24 organizations are trying to do exactly what we're doing, navigate something completely
25 new.

26 I can see initiatives happening where we're having conversations
27 where instead of doing and planning at the same time, we can plan more, look for gaps,
28 look for efficiencies.

1 So the number one thing that jumps out to me is sometimes if you
2 say, "I don't know, but I'll get the answer for you," then nothing is something.

3 **MS. NICHOLE ELIZABETH:** Thank you. So we'll do just another
4 round from that question, and the follow up question is, is there an aspect that might be
5 hard for people who, you know, have never worked in the positions you work in to
6 understand about your experience?

7 **MS. EVELINE GALLANT:** Well I think, and Lindsay touched on
8 this as well, is that we work under the *Fatality Investigations Act* and it is very clear on
9 who we can identify as the nearest relative. And because of that, I think people
10 misunderstand that, you know, we couldn't talk to every family member. Our legislation
11 doesn't allow us to do that. And it's important also that we follow that to the way it's
12 written in the legislation because we have so much confidential and private information
13 that we identify that one person in the family, and then that person can, you know,
14 speak to the rest of their family, and convey that information, but that that one person is
15 the conduit. And I think that's -- I think -- I wouldn't want people to misunderstand that
16 it's -- that we're lackadaisical about it or that we don't take that seriously. Because we
17 take a lot of time and effort to speak to families about, you know, why we are -- why
18 you're the nearest relative, and I'm sorry, but you are not the nearest relative, and to try
19 to explain what the -- what are the options around that. Like, you can talk to your --
20 excuse me -- you can talk to your family member about that and get that information.
21 But that's -- it's difficult for us to convey that, but on the other side, we appreciate that
22 it's incredibly difficult for families to hear that because you may not be the nearest
23 relative, but be the person emotionally the closest to them, to their loved one. So it can
24 be really challenging, and I would hope -- you know, I hope that we can convey that in a
25 compassionate way, so people don't feel like they're being left out. But when you're
26 obligated under the law to, you know, to do this in this way, it can be very challenging.

27 **MS. NICHOLE ELIZABETH:** M'hm. Yeah.
28 Lindsay?

1 **MS. LINDSAY DENIS:** Eveline took the words out of my mouth, so
2 I don't really have much to add to that, other than I agree with what she said. That's an
3 issue.

4 **MS. NICHOLE ELIZABETH:** M'hm. Bruce?

5 **MR. BRUCE VARNER:** I think with meeting with families in large
6 part to our comfort level and how we know that family, the first thing we do when we
7 meet with them is a handshake, or maybe a hug. At our funeral home, we meet at a
8 round table, so we're all at the table together, mimicking a kitchen table at your home,
9 and that's how we make arrangements with you to gather the information about your
10 loved one. We don't want it to be an interview. We want it to be relaxed, comfortable,
11 healing. We want to talk and learn about your loved one, the one that we're preparing
12 the funeral service for. Because of COVID, we weren't allowed to have any human
13 contact. We weren't allowed to meet at the round table. So a table like the panel is at
14 there, I would sit at one end and the family had to sit six feet away at the other, signing
15 papers. I would prepare the papers, shuffle them down the table, they would sign them,
16 because of the situation we were in. We weren't able to have public services, which is a
17 huge part of the healing process. We did have a couple services, but we were under
18 the restrictions of the province, and those services could only be attended by perhaps 5
19 or 10 people. When you have an immediate family of seven and you have to pick five,
20 that's difficult. Much to what Eveline said, you don't want people to feel excluded, but
21 those were the restrictions that we were under, and we weren't allowed or permitted to
22 ignore those for everybody's health and safety. So we worked with that the best that we
23 could.

24 But I think probably the hardest thing to understand is that at such a
25 delicate time, we tried our best to display the human emotion, the physical touch by
26 handshake or hug, but we weren't able to do that, so we had to rely on other ways to
27 show empathy and compassion to the people that we dealt with.

28 **MS. NICHOLE ELIZABETH:** Just now you shared a little bit about

1 being able to hold, you know, a few services. I wonder if you can tell us a little bit more
2 about your experience with that process, given the measures that were in place?

3 **MR. BRUCE VARNER:** Some families were content to delay any
4 public service until restrictions were lifted and they could have anybody in attendance
5 who wanted to participate. Some families chose that they needed to proceed with a
6 service at that time, so that they could have some type of closure and start their healing
7 process. So the services that we did have, we were under restrictions of amount of
8 people who could attend, but we have the ability to, much like today's proceedings, to
9 livestream and webcast, so that the greater community, the greater province, the
10 greater country could participate. And looking at the numbers of viewers who chimed in
11 and watched those services, the need for expression of sympathy and outpouring of
12 support was evident because those services were viewed by thousands of people.

13 **MS. NICHOLE ELIZABETH:** Thank you.

14 Dana?

15 **MS. DANA BOWDEN:** My relatively long time working in the
16 criminal justice system, this by far has been one of the most difficult positions that I've
17 been in, but also one of the most rewarding positions because I have met some of the
18 families and look for opportunities to ensure that their needs are met. And the
19 conversations that I have with my colleagues in both our department, in the community
20 and other departments and organizations, I feel like my role is to always be the voice of
21 those who don't have voices, to ensure that they're getting their needs met as best as
22 we can possibly meet those needs.

23 And we heard earlier, somebody said every day is different, and I
24 would say that every day is different. And some days are incredibly challenging, and
25 some days are incredibly rewarding. And when we were first involved in this, I
26 personally was going through a wave of emotions. You know, when we were -- there
27 were days I wasn't sure what I was doing, but I knew that I had to continue on because
28 this was going to make a difference. And so I try to always consider how can we as an

1 organization make a difference.

2 **MS. NICHOLE ELIZABETH:** Thank you.

3 And, Kim, what might be hard for others to understand about the
4 services that you provided?

5 **MS. KIM BURTON:** At the first, I don't know how many Nova
6 Scotians know about the services we provide, in all fairness. So there is -- there's that.
7 But when you provide -- when you become a service provider, one of the things that I'd
8 like everyone to know is that service providers become better when the public tells us
9 something. So because gaps sometimes are experienced, they're not predicted. So if
10 people -- like, the communities and families have taught us a lot. We now work
11 differently because of that. Government agencies that we are connected with work
12 differently because of that. So I think there's value in the Nova Scotia public, the
13 Canadian public, to share experiences, so that service providers can be better, and I
14 don't know -- it's not that people need permission to have that voice, but it's how we get
15 better.

16 **MS. NICHOLE ELIZABETH:** And I noticed that I framed the
17 question slightly different when I asked it of you, so I want to give you the opportunity to
18 answer the question that I asked of everyone else, which is what might be hard for
19 people to understand about your experience in particular.

20 **MS. KIM BURTON:** In my personal experience, I guess what's
21 different is becoming -- I was a front-line worker at the Desmond Inquiry, so when I
22 became a leader for the team on this inquiry, I was expecting, I don't -- something
23 maybe the same, but it's not. It's different, and I understand why it is.

24 But what's challenging is to be a leader to a team that is trying to be
25 help -- to be very good helpers, well-functioning helpers, and knowing what they need
26 on a daily basis. There is -- I guess the challenge, I guess, mostly is the clients, the
27 families, the communities. Because there's so many processes changing for them daily
28 is -- my team members are saying, you know, the families and communities would like

1 to know this or would appreciate this and how to navigate that and get them -- get
2 everyone answers, and all while supporting the team.

3 A Victim Service Officer has an interesting role normally. They
4 attend court, they listen to all the evidence presented in a trial, sometimes very
5 traumatizing. One of the roles they do also is after sentence -- at sentencing, they sit
6 with clients and they help them complete a Victim Impact Statement, which a client -- it's
7 very heartfelt. It's what they think and feel.

8 But my team members experiencing being a support in the mass
9 casualty is different again, and I don't know -- I'm just open every day to hear from my
10 team, admin included. My admin is the first person that answers the phone, the first
11 person that greets somebody at the door.

12 So I guess everyone just needs to slow down and look after
13 everyone, and like Dana said, just look for the resources, the tools on a daily basis.

14 **MS. NICHOLE ELIZABETH:** Thank you.

15 Thank you, all. I think at this point we'll look to take a short break.

16 **COMMISSIONER MacDONALD:** Yes. Thank you all so much.

17 We'll break for 15 minutes.

18 Thank you.

19 --- Upon breaking at 11:07 a.m.

20 --- Upon resuming at 11:30 a.m.

21 **COMMISSIONER MacDONALD:** Krista?

22 **MS. KRISTA SMITH:** Thank you.

23 Welcome back. So we spent a little time talking about your
24 involvement in the mass casualty response and what was the most difficult pieces of
25 that experience.

26 We want to turn now to start thinking ahead a little bit and some
27 sense-making around what -- is there anything that you wished you'd known or had that
28 would have helped in your work in that time after the mass casualty?

1 **MS. EVELINE GALLANT:** One of the things in our few provinces
2 that's a real scarce resource is for a forensic anthropologist, and where we had ---

3 **MS. KRISTA SMITH:** What is that and -- like what is that role and
4 what do they do?

5 **MS. EVELINE GRANT:** So a forensic anthropologist, their
6 specialty is looking at essentially skeletal remains and being able to tell you the sex, the
7 age, trauma on the bones, those sorts of things, and then they lay over that that legal
8 context to be a forensic anthropologist.

9 It's a very scarce resource, and because of some of the victims and
10 how destroyed they were through the fires, we really needed a forensic anthropologist
11 with an experience in these kinds of deaths to help us.

12 So that was a -- something that was tasked to me, was to find some
13 -- now, the really great thing is we have a very close collegial relationship with the
14 Ontario Coroner Service and they have a forensic anthropologist that came and she did
15 the identification for us, but it really -- if we had that resource more readily available,
16 someone more in our area, I think it -- I think that's something that we really should look
17 at as developing that.

18 **MS. KRISTA SMITH:** And how many forensic anthropologists are
19 there in, say, the Maritime regions?

20 **MS. EVELINE GALLANT:** There's probably two. One teacher is
21 at the -- at Saint Mary's, who's not always available. There's one in New Brunswick and
22 that's all I have -- I know of.

23 I think there's like 30 in all of Canada.

24 **MS. KRISTA SMITH:** Okay.

25 **MS. EVELINE GALLANT:** It's a very scarce resource. But when
26 you need them for something like a recovery -- because it's not just to tell you about the
27 bone structure and what you're missing and what you're not missing and to give you
28 information from it. They also have expertise in the recovery part, you know, so that

1 you're actually recovering it in a systematic way so that everything gets recovered as it
2 should and also to collect other evidence that might be within that -- the structure
3 around the body.

4 So it's very important and also very scarce.

5 **MS. KRISTA SMITH:** Lindsay?

6 **MS. LINDSAY DENIS:** Can you ask me the question again?

7 **MS. KRISTA SMITH:** Sure.

8 What -- as you were going through this experience in the days and
9 weeks after the mass casualty, what do you wish you'd known or what do you wish
10 you'd had that would have helped in -- help you do your work?

11 **MS. LINDSAY DENIS:** I think maybe just better communications
12 with everybody, including our own internal. You know, it was a very chaotic time for
13 everyone, but I think overall, for the most part, we all came together well. But I think a
14 little bit more planning into -- or thought into the planning process of how we're going to
15 tackle this.

16 Maybe, you know, being invited to meetings, like the bigger
17 meetings that were held with families. I think maybe an invitation to that would have
18 been something they could have considered.

19 **MS. KRISTA SMITH:** What were these bigger meetings with
20 families?

21 **MS. LINDSAY DENIS:** I only knew about this -- one of these family
22 members had mentioned that they were having these larger meetings with the groups of
23 the families and police, and some of their questions -- now, I wasn't in these meetings,
24 so I don't -- this is coming from families that some of their questions were related to our
25 work, the medical examiner's work, and I just feel like it maybe should have been -- the
26 answers for that should have come from our service, but we weren't present, so.

27 But yeah.

28 **MS. KRISTA SMITH:** Thanks.

1 Bruce?

2 **MR. BRUCE VARNER:** I'm not sure that it's a really relevant
3 question for my line of work. Whether I'm called upon to serve one family or multiple
4 families, my scope of my work, the staff that we have available, we're prepared to do
5 the work that's necessary no matter the number of deaths that have occurred.

6 So for me, I think that's all that I can really offer on that topic.
7 There really isn't anything that I think that I could use or would need.

8 **MS. KRISTA SMITH:** Okay. Thanks.

9 Dana?

10 **MS. DANA BOWDEN:** I think I answered this to some degree
11 earlier when I spoke about resources, both internal resources to support those teams to
12 be able to provide the services, and I think if we knew that we were going to be asked to
13 be in the community longer we could have planned differently.

14 Also, in terms of just wishing for better communication, thinking
15 about putting the human in the centre and how us collectively as service providers can
16 come to the table to ensure that we're providing the best supports and services as
17 possible.

18 **MS. KRISTA SMITH:** Okay. Thanks.

19 **MS. KIM BURTON:** For me, logically, I think at the time when I
20 was helping a completely different region supporting, I would say that looking back now
21 more people, more helpers ---

22 **MS. KRISTA SMITH:** M'hm.

23 **MS. KIM BURTON:** --- would be helpful, because -- because
24 they're my team, I'm very aware of a negative impact the people that weren't out in the
25 communities had because they were managing heavier caseloads with less people.

26 But I think something else, just to kind of draw on what Dana said,
27 is the communication that we rely -- that I rely on comes from other government
28 agencies. I think there is a place for some sort of model where there's representatives

1 from different pieces of government that can come together to respond to an incident,
2 because we share information often. And sometimes if we -- if you meet regularly even
3 in non-incident times, with a trauma-informed, high communication transparency all the
4 time, the trust amongst the government agencies would increase, and also, they would
5 be more aware of what we do.

6 **MS. KRISTA SMITH:** M'hm.

7 **MS. KIM BURTON:** Of a lot of the tables that I've sat on in the last
8 year with our government partners is just explaining what we do, and then they're
9 explaining to us what we do as well. So I think a regular team, because we have to look
10 at it, what we can do better ---

11 **MS. KRISTA SMITH:** M'hm.

12 **MS. KIM BURTON:** --- of course, so there's definitely something
13 among government we can do better.

14 **MS. KRISTA SMITH:** So even within the government ---

15 **MS. KIM BURTON:** Yes.

16 **MS. KRISTA SMITH:** --- you're explaining your roles to each other.

17 **MS. KIM BURTON:** M'hm.

18 **MS. KRISTA SMITH:** Yeah. And I think I heard that from you as
19 well, Lindsay ---

20 **MS. LINDSAY DENIS:** Yeah.

21 **MS. KRISTA SMITH:** --- that the planning piece of it, knowing that
22 you have to have a plan for the unexpected. Yeah. Okay.

23 I just -- we'll do another round just as per our structure, but it's fine
24 if you'd like to pass or -- but is there anything that came up for you, Eveline, or wish
25 you'd shared?

26 **MS. EVELINE GALLANT:** You know, I think communication as
27 always, you know, like our other colleague said is, that is a big piece, I know from our
28 point of view. We often have to explain again and again who we are and what our role

1 is and ---

2 **MS. KRISTA SMITH:** M'hm.

3 **MS. EVELINE GALLANT:** --- where we fit in. And if there was a
4 mechanism around that to share that more, I think it would make us all more efficient,
5 should, hopefully never, something like this happen again. Yeah.

6 **MS. LINDSAY DENIS:** I don't have anything else to add. Thank
7 you.

8 **MR. BRUCE VARNER:** I'll pass.

9 **MS. DANA BOWDEN:** I would just add, in terms of the
10 communication, like has been mentioned, I think an opportunity just to build
11 relationships at a time when you're not under pressure or under stress, to be able to
12 have conversations and appreciate various perspectives, I think that would be helpful.

13 **MS. KRISTA SMITH:** Creating that trust.

14 **MS. DANA BOWDEN:** Absolutely.

15 **MS. KRISTA SMITH:** Yeah. Anything to add, Kim?

16 **MS. KIM BURTON:** I just -- yes, I have something to add. Just the
17 point is that what we're all speaking of I believe is that a client will receive better service
18 because we will know more, we will know the capabilities and functions of other
19 departments.

20 **MS. KRISTA SMITH:** M'hm.

21 **MS. KIM BURTON:** So instead of saying I'll find out for you, we
22 may have the answer at that time.

23 **MS. KRISTA SMITH:** Right. Okay. So one of the final questions
24 we like to ask in these small group sessions is, you know, why did you agree to our
25 invitation? What -- why did you decide to participate in this conversation today? What
26 hope do you have that might come out of this conversation?

27 **MS. EVELINE GALLANT:** Well, I'd -- you know, I'd hope there'd
28 be some understanding about the role we played. You know, that we -- we're a small

1 but mighty organization, and I think even though, thankfully, most Nova Scotians never
2 deal with us or ever know about us ---

3 **MS. KRISTA SMITH:** M'hm.

4 **MS. EVELINE GALLANT:** --- that there's an appreciation of the
5 strong and remarkable people that try to support Nova Scotians in their absolute worst
6 moments, and that that's our privilege to be able to do that.

7 **MS. KRISTA SMITH:** M'hm.

8 **MS. EVELINE GALLANT:** That's really the big thing that -- and
9 also to -- that we -- you know, that we play a role and, in some way through this, the
10 partnerships become stronger.

11 **MS. KRISTA SMITH:** M'hm.

12 **MS. EVELINE GALLANT:** So, you know, like Dana and Kim said
13 so well, that those silos come down and that instead of saying, no, I don't know the
14 answer to that and that's the end of it, you actually have a name and a face that you can
15 reach out to.

16 **MS. KRISTA SMITH:** Yeah.

17 **MS. EVELINE GALLANT:** Right? So that's my hope for all of this.

18 **MS. KRISTA SMITH:** Just to build out the first part of your answer
19 a little bit, you said you're a small but mighty team. Can you remind us how many folks
20 you're -- are in your -- on your team?

21 **MS. EVELINE GALLANT:** Well, we're -- there's five of us full time
22 that ---

23 **MS. KRISTA SMITH:** Right.

24 **MS. EVELINE GALLANT:** --- that are investigators.

25 **MS. KRISTA SMITH:** Okay.

26 **MS. EVELINE GALLANT:** There are four full-time forensic
27 pathologists, medical examiners. And between all our support people in the morgue,
28 there's only 20 of us.

1 **MS. KRISTA SMITH:** Okay.

2 **MS. EVELINE GALLANT:** So we're small.

3 **MS. KRISTA SMITH:** For the whole province.

4 **MS. EVELINE GALLANT:** For the whole province, yes.

5 **MS. KRISTA SMITH:** And I don't know if you're able to -- if you'd
6 know offhand, but in that run of an average year, how many files might you handle?

7 **MS. EVELINE GALLANT:** Well, you know, it seems to be, for
8 many reasons, that we are busier as an organization, but last year, we did a thousand
9 autopsies, and we took, I think, roughly 400 cases that were a medical records review,
10 but we also decline jurisdiction on around 1500 deaths, so those are ones that we didn't
11 -- we couldn't take. There was a, you know, a family practitioner or a nurse practitioner
12 that could sign off. And also, and Bruce can attest to this, it's legislation that if a family
13 would like to cremate their loved one, the funeral directors are obligated to send the
14 death certificate to us for a final review, and we give an approval for that. There were
15 8500 of those last year.

16 **MS. KRISTA SMITH:** 8500.

17 **MS. EVELINE GALLANT:** Yes.

18 **MS. KRISTA SMITH:** Okay.

19 **MS. EVELINE GALLANT:** So we're small and mighty, yeah. It's a
20 busy organization.

21 **MS. KRISTA SMITH:** Thank you.

22 **MS. EVELINE GALLANT:** Yeah.

23 **MS. KRISTA SMITH:** Lindsay?

24 **MS. LINDSAY DENIS:** Just really to what Eveline said, you know,
25 to, you know, build better relationships, which is part of what I'm here today. I speak --
26 I've spoken with Bruce many times on the phone. Today it's the first day I've got to put
27 a face to that voice. And really just hopefully making it a little bit more clear to people
28 what exactly it is that we do. Because, again, like Eveline said, a lot of people are, you

1 know, lucky that they don't have to speak with us, but if you do, we hope that we can,
2 you know, make it clear what exactly our role is at that time.

3 **MS. KRISTA SMITH:** Okay.

4 **MS. LINDSAY DENIS:** Yeah.

5 **MS. KRISTA SMITH:** Thanks.

6 Bruce?

7 **MR. BRUCE VARNER:** I really wasn't sure what I could offer here
8 today. Then when you -- your initial contact with me, I -- my first reaction was, well, I
9 just did my job. I didn't offer anything special. But I thought about it and said the other
10 people who are on today's panel, and namely Eveline and Lindsay, we've spoken for
11 the past 15 years, and we've never ever met, so to put faces to voices.

12 The other thing is to be able to come in an open forum and speak
13 about this. Given the extreme confidentiality of everything that we do, we just can't talk
14 about that with anybody. So during this casualty, during and after, I reached out to
15 fellow colleagues, I have some good clergy friends, to speak with them in confidence
16 because you just don't talk about this stuff in a social setting. So not sure what I could
17 offer, other than what I did, what our organization did during this casualty, but agreed to
18 come and sit with you folks and be able to chat about things and learn more about your
19 roles and how we all work together to work through this.

20 **MS. KRISTA SMITH:** And I think hearing about how you play such
21 an important role in helping people to grieve and helping communities to grieve and how
22 difficult it was to do that in these circumstances, I think that's a very powerful thing that
23 you bring and it's important. And it's one of those things that can be invisible, so I think
24 it's important to pause over it.

25 **MR. BRUCE VARNER:** Thank you.

26 **MS. KRISTA SMITH:** Yeah.

27 Dana?

28 **MS. DANA BOWDEN:** I think it's really important to be here for a

1 number of reasons, but I think one of the main reasons is that we provide a service.
2 There are, in our team of Victims Services, we have about -- almost 70 employees, and
3 we provide support to victims of crime annually to thousands and thousands of files.
4 And I don't think a lot of people, a lot of Nova Scotians know we exist or even the role
5 that we have in supporting individuals who have been impacted by crime. And even the
6 role that we had within the mass casualty was evolving, it was something -- obviously,
7 we had never been involved in before. But I think there are great opportunities to look
8 at our programs and continue to develop those programs in a way that can reach more
9 and more individuals who have been impacted by crime.

10 **MS. KRISTA SMITH:** Okay. Thank you.

11 Kim?

12 **MS. KIM BURTON:** I feel like it's an opportunity today to, of
13 course, express the value of the team, of the provincial Victims Services team, but also,
14 there's value in recognising where we're going, and I'm speaking about government.
15 The more conversations that is starting to happen amongst government about the client
16 at the centre, it seems to be echoing as in policies, procedures and how we work
17 differently. I don't want to lose sight of that.

18 I value my role as a manager because I can be part of those
19 conversations now, and I think everyone is realising that if there's a shift, management
20 needs to shift. We need to look at the client, the human at the centre. So I value this
21 opportunity here to speak that, for other managers, too, to look at how we work, how we
22 treat our employees, trauma-informed, as we create policies and create change, is the
23 client at the centre. There's some tough questions to be asked.

24 **MS. KRISTA SMITH:** Thank you.

25 Anything you wanted to add, Eveline, or comment on?

26 **MS. EVELINE GALLANT:** I think the only thing I'd like to say is
27 how proud I am of the group I work with. Those folks at the Medical Examiner's
28 Service, they're -- they really are a remarkable group of people. And this was, you

1 know, it was a really challenging time, and I think we did the best we could with what we
2 had to work with. And I know that like when I sent out an email when we knew that this
3 was evolving, and I just -- you know, it was just a basic email, it wasn't part of a fan out
4 list or anything like that to say, you know, "Are any investigators able to fill in because
5 we look like we're really going to need folks to step up?" And all 18 investigators within
6 30-minutes stepped up to say that they would be able to help, and that's really, I think,
7 remarkable, and shows their commitment to the work ---

8 **MS. KRISTA SMITH:** Yeah.

9 **MS. EVELINE GALLANT:** --- and to the people of Nova Scotia.

10 **MS. KRISTA SMITH:** Thank you.

11 **MS. LINDSAY DENIS:** Just to add to what Eveline said, I guess.

12 You know, she did a phenomenal job of -- you know, her and the management team of,
13 you know, making sure that the rest of the team was doing okay. Always having check-
14 ins, always, you know, "Are you doing okay? Can I get you anything? What do you
15 need?" Lots of support there so that -- that was really nice to see, I guess. Because I
16 came from an environment once upon a time where there wasn't much support, so to be
17 in an environment where there -- it is supportive, it definitely makes a difference. So...

18 **MS. KRISTA SMITH:** Definitely.

19 **MS. LINDSAY DENIS:** Yeah.

20 **MS. KRISTA SMITH:** Yeah. Thank you.

21 **MR. BRUCE VARNER:** Again, I think support. When this was
22 evolving and afterwards, the support that we received from the County of Colchester,
23 and also, other colleagues within the province and outside of the province, clergy within
24 our own town, multiple members of the public, just reaching out to see if they could
25 help, or if there was something that they could do or they could offer to help, just let
26 people know that they were thinking of them. So at no point did I feel alone. With our
27 own staff, we were supported, we were supported by other funeral homes.

28 We're a very close-knit profession, and everybody stepped up. And

1 had we not been under COVID regulations and we did forge ahead with services for all
2 of the victims, as would normally happen, I would have been reaching out far greater
3 than our own resources because we would have needed extra hands and people to
4 help make sure that those -- those events, those services were -- were tended to by
5 appropriate amounts of staff and resources.

6 **MS. KRISTA SMITH:** Okay. Thanks.

7 **MS. DANA BOWDEN:** I just want to add that I've, over the past
8 two years, really seen a shift in government in terms of the recognition of Victims
9 Services and the value of the work that is done within our unit. We are not only
10 providing these valuable and important services and supports, but I also feel like other
11 parts of government are reaching out to us for even advice on how to be trauma-
12 informed, how to be victim-centred or survivor-centred, how to even communicate in a
13 way that is not going to do any further harm. And so I really value the fact that they
14 recognise that we will support any organisation or individual to be able to provide a
15 service that's going to be beneficial to those who need it.

16 **MS. KRISTA SMITH:** So providing learning to assist culture --
17 cultural shift throughout the ---

18 **MS. DANA BOWDEN:** Yes.

19 **MS. KRISTA SMITH:** --- provincial government?

20 **MS. DANA BOWDEN:** Yes.

21 **MS. KRISTA SMITH:** Yeah, that's -- that's huge.

22 Kim?

23 **MS. KIM BURTON:** Just -- I think my final thought is I think we
24 have to look at how we can help the helpers a bit as well. What brought that to my
25 attention was we received -- I received a call from a government partner, from someone
26 that we work with quite often, who I never thought of would be -- like would be impacted
27 by the mass casualty. They were a member of courts, we just never thought of them.
28 Like we think of the mental health providers onsite, we think of the Victims Service

1 officers. Of course, the would.

2 The -- and just our partners, even people around the table, the
3 amount of information that they would see and read, and all the helpers amongst
4 government, there's something there that we need to do better. We need to support our
5 workers better, and I don't know what that looks like, but there needs to be something
6 that where workers feel that they can take a step back, that there's debriefing regularly.
7 Because the work on a daily basis, it's tough, and if there's an incident as well that
8 occurs, the more tools and resources that worker would have, and I think we have to
9 look at places where we haven't normally looked.

10 **MS. KRISTA SMITH:** Yeah. Thank you. Before we wrap things
11 up for the day, I always just like to check in. Is there anything that you were hoping to
12 share today that we didn't manage to ask you that you'd still like to share?

13 **MS. EVELINE GALLANT:** I don't think so.

14 **MS. KRISTA SMITH:** Okay.

15 **MS. LINDSAY DENIS:** No.

16 **MS. KRISTA SMITH:** Okay. All is well?

17 **MS. KIM BURTON:** No, thank you.

18 **MS. KRISTA SMITH:** Okay.

19 Commissioners, do you have any questions?

20 **COMMISSIONER MacDONALD:** No.

21 **MS. KRISTA SMITH:** Okay. All right.

22 Well, I mean, you know, I hope you know how grateful we -- the
23 Commission is to be able to hear your perspectives. We read a lot of paper, and it's
24 impossible to know what's happening for people within the systems unless we talk about
25 it. So this is the true value of this conversation, and I think that hearing each of you
26 speak to the systems that you work within and how very complex they can be and how
27 Nova Scotians and even further afield need assistance navigating those systems it's
28 really important to pause over that.

1 So the other thing I wanted to thank you for was that each of you
2 stepped out of your comfort zones today, you stepped out of your usual roles to take a
3 few minutes to explain this to us, and we are -- we're so grateful. So thanks.

4 **COMMISSIONER MacDONALD:** Yes. And if I could, on behalf of
5 the Commissioners, begin by thanking you, Krista, and you, Nichole, for, not just
6 facilitating this very important discussion, but all the organisation and work that went
7 into arranging it, we greatly appreciate it.

8 Of course, our deepest thanks to you, if I could continue using first
9 names, to you, Eveline, and to you, Lindsay, and to you, Bruce, and to you, Dana, and
10 to you, Kim, for bringing the human perspective to the work we're doing. We've had a
11 lot of difficult conversations and difficult moments and difficult episodes, and we so
12 greatly appreciate the value of, despite being difficult, the value of this important
13 conversation.

14 And of course, the difficult conversation today involves the families
15 whose lives were taken, and that conversation -- our conversation is probably the most
16 difficult for them. And -- and -- but nonetheless important. And we thank you for that.
17 We thank you for the important context. We learned things we would not have known,
18 and that's important for us for the -- for the -- from the broader context so we can make
19 recommendations that are practical and not theoretical but actually reflect what we've
20 heard from a practical perspective.

21 What's -- one of the many things that stuck -- that struck me was,
22 you know, we -- we can very quickly forget the impact of COVID and how COVID-19
23 really impacted a lot of your work, but you've offered a -- very important perspectives
24 and it's broadened our perspectives.

25 It's clear that the emotions are still very, very much alive, and as
26 Krista alluded to, that makes your contribution all the more appreciated because you
27 know, it takes courage and candour. And as I said in earlier sessions, you are all part of
28 helping professions so you're -- you go to work every day and essentially your job

1 description is to help people, and you've really done that today in a special way to help
2 us in our work. So we greatly appreciate it, thank you so much.

3 And we will have another session in this series of conversations
4 where we are learning the human element of the casualty and its aftermath this
5 afternoon, and it's scheduled for two o'clock. So we will break, then, until two o'clock.
6 Thank you.

7 --- Upon recessing at 12:02 p.m.

8 --- Upon resuming at 2:03 p.m.

9 **COMMISSIONER MacDONALD:** Good afternoon. Welcome,
10 everyone.

11 Mr. Artalejo?

12 **--- SMALL GROUP SESSION - ELECTED OFFICIALS:**

13 **MR. LEO ARTALEJO:** Welcome, and thank you for being here
14 today. This is the fourth and final Small Group Session for this week. As we've
15 explained over the last day-and-a-half these sessions will inform the recommendations
16 that this Commission will make that will help keep Canadian communities safer in the
17 future.

18 As elected officials, my two guests have supported family
19 members, first responders, community members, and service providers during the mass
20 casualty. In this context, it's beneficial for the Commission to hear firsthand from you
21 what your experience was then and continues to be. And so as part of the public
22 proceedings, we're bringing together people with direct experience to share so that we
23 can learn more from your experiences. So that's why we're grateful that you're here,
24 and we're looking forward to learning and hearing from you both today.

25 My role as facilitator is to support each of you in this conversation.
26 This means that I'll help with the flow of conversation, keep track of time, and explore
27 related topics where it might be helpful to the Commission's understanding.

28 The Commission -- the topics that we hope to cover today are your

1 experiences as an elected official during the mass casualty, your access to information
2 during the event, supports and services that were most helpful to the communities, and
3 what was missing that could have helped you in your role as an elected official. These
4 topics are a guide for our conversation today, and you can talk as little or as much as
5 you would like to share.

6 I will pose a question, and then each of you will have the
7 opportunity to answer that question, and you may choose to pass on any particular
8 question or share as much or little as you wish. When it's your turn to talk, you will have
9 the floor and no one will interrupt you, and I'll only intervene if we lose track of the
10 question or the topic or we've lost track of time.

11 So once each of you has spoken, we'll call this a round of
12 questions, I may pose the question again and invite you to follow up on what you've said
13 or something that you may have heard. If you do not wish to add anything you can just
14 indicate that and I'm happy to move on. And we'll do four rounds of open-ended
15 questions, spending about 15-minutes with each question. These questions will map
16 closely to the other Small Group Sessions, and then I'll check in before we move to the
17 next question.

18 So when it comes to talking about your role as an elected official,
19 our focus today is really your firsthand experience during April 18th and 19th, which
20 both of you had direct experience during that weekend. And so we'll start with each of
21 you just speaking for a few minutes about your experience during April 18th and 19th.
22 And we're interested in, you know, just what that was like for you and anything you'd like
23 to add in terms of introducing yourself and your role.

24 So we'll start with Mayor Blair. Thank you.

25 **MAYOR CHRISTINE BLAIR:** Thank you so much. It was a surreal
26 situation, there's no question about that. Dealing with the phone ringing early morning
27 on the morning of the 19th, hearing some stories and not believing what you were
28 hearing, recognising that first you're hearing about 13 people, and then you're hearing

1 about 18 people, and then 20, and then 22, and an unborn child, was unrealistic, horrific
2 situation that you couldn't put your mind around. Very, very difficult. And your biggest
3 concern and the first thing that you thought of was, "What about the community? What
4 about the families? How can we help? What can we do? What kind of communication
5 do we need to get out there to help the community?"

6 I represent Colchester County. We lost 13 individuals, an unborn
7 child. And the families are still suffering and the community is still suffering. Nova
8 Scotia is still suffering from this event.

9 We -- media inquiries, the phone started ringing at 8:30 the morning
10 of the 19th and I had 22 media inquiries within a period of five days. And what do you
11 do in a situation like that? You speak from the heart because you don't know the facts.
12 You know that there were losses in the community, but it's something that you have
13 never had experience dealing with in your lifetime before and you hope that you never
14 ever will again.

15 We still have people suffering out there.

16 And then, of course, there was the external communication. We
17 didn't really know what was happening. But we knew that there were horrific events
18 happening.

19 And that was something that one hopes one would never, ever
20 experience again.

21 **MR. LEO ARTALEJO:** Okay. Thank you.

22 Mr. Taggart?

23 **MR. TOM TAGGART:** Well, it was a tough day. So anyway, you
24 know, I got up that Sunday morning like any other Sunday morning and get a coffee
25 going and sit down to get the news off the Facebook or whatever, off the internet. And
26 you know, I had no idea, you know, what had happened the night before. And a lot of
27 others had, of course, because they had family members and, you know, that sort of
28 thing, and the word gets out.

1 So I'm just -- I'm picking this news up on Facebook, and of course
2 you can just imagine the conversations that were going on there. And, you know,
3 initially there was, you know, the first thing I saw was this report from the RCMP that
4 there was -- you know, they should, I forget the wording, you know, shelter in place or
5 whatever, that there was a firearms whatever, gunman, whatever, and I'm thinking, "Ah,
6 you know, what happened up there last night; you know? Was there some kind of, you
7 know, a house party or whatever, you know, and somebody got a little bit off side there
8 and this is something that's being blown out of proportion?" You know? And then it just
9 went from there. It was just unbelievable, you know.

10 And, you know, people are calling, you know. I have children that
11 are -- you know, that are adult children, you know, that are in the community. And
12 everybody knows everybody. And suddenly you're hearing that, you know, this person
13 has been murdered and that person has been murdered. And, you know, you're still not
14 really buying into it, you know. And then you're getting the message, "Well I was talking
15 to so and so and this is their aunt," you know. It was just insane. And it really was
16 insane.

17 So keep in mind that these folks, like, I'm their neighbour; right?
18 Like, I just live four miles down the road, you know. And I didn't know them all, but
19 certainly I knew a lot of them well. And it was just unbelievable. You know, I just
20 couldn't really comprehend it, you know. And -- honestly.

21 And so the day goes on and about noon time the media, you know,
22 by that time, the media is calling and it was a circus, really, you know. And, you know, it
23 was early yet. You know, I tried to talk to media. I tried to -- you know, I got really -- I
24 have to say, I got really good advice from my wife and children, you know, to just kind of
25 -- just kind of, "Don't go down any rabbit holes here. Just, you know, talk about your
26 community and, you know, and make sure you understand this thing," and stuff like that.

27 So it was -- you know, that was -- Sunday was day one for me;
28 okay? I had no idea until I got up on Sunday morning what was going on. And it took a

1 long while to get it figured out, you know. And then, you know, by -- you know, then by
2 that time, of course, there's people calling, you know. When they called, you know, "My
3 mother is in Five Houses. Can you go see? I can't get a hold of her," you know. And I
4 go up and, you know, of course I can't get into Five Houses, you know.

5 And anyway. That's what it was. It was just really -- you know, I
6 don't think -- really, it was traumatic, I suppose, but it never sunk in. I never really
7 figured it out, you know. And then you see -- I heard somebody refer to it in the last day
8 or two, you know, you see the Facebook picture of the police car burning at the
9 interchange. You know, I didn't know if that was Debert interchange or, you know,
10 where it was. It was just...

11 So that's really it. It was just unbelievable. And we tried to -- on
12 that day, you know, we just did our best to try and understand what was going on and
13 try and, to some degree, talk to the folks that didn't know what was going on as well,
14 you know. We were in the middle of covid too, of course. But yeah.

15 **MR. LEO ARTALEJO:** I think if each of you could just talk briefly
16 about the context, what role you were in as an elected official on that weekend and then
17 what was your position in the community on that weekend just so that we get the
18 context right on that?

19 So we'll start with Mayor Blair.

20 **MAYOR CHRISTINE BLAIR:** Thank you. As the Mayor for the
21 Municipality of the County of Colchester, I'm the spokesperson for the Municipality. So
22 the phones started ringing from the media to me and it was a very difficult situation
23 when you're in that surreal context and all you could do was speak from the heart,
24 "Please keep the families in mind. Be conscientious of the community and what this --
25 how this is impacting the community, how this is impacting families. Be respectful of
26 their private space." Things of that nature.

27 And recognizing too that the media had a balancing act. They had
28 the fine line of balancing between being intrusive and non-intrusive and being

1 respectful. And they were respectful. And that was very much appreciated.

2 It was an extremely difficult situation for a municipality that does not
3 have the jurisdiction that a provincial government would have on health-related issues,
4 on the justice system, the jurisdiction.

5 So what we did, we did what we could do to help in any way that
6 we could help. They were small things to us as a municipality. They didn't impact us in
7 that regard, sending out commissionaires to monitor the traffic and allow people to have
8 their privacy and to respect that. Seeing that signage was put up in the areas. Doing
9 small things that we could. Whatever we could do as a municipality to assist our
10 community, we did.

11 And we -- it was -- it's taken its toll on everyone. It's taken its toll on
12 every member of every community in Colchester County and it has affected our
13 province, it's affected our country, because this is the worst intended mass casualty in
14 Canadian history, that I know of anyway. And intended mass casualties, as we all
15 know, have -- are different because they result in a trauma that's like the ripples on a
16 pond and they affect every victim, every family member, every first responder, co-
17 worker, student, patient, employee, whatever. Anyone that works with a victim or
18 members of a victim's family. The extent of the trauma is dependent on so many
19 factors.

20 And we experienced, we all experienced a level of trauma that day.

21 I knew some of the victims. Tom knew a lot more because he lived
22 in the community as a counsellor in the area. And if you didn't know the victim directly,
23 you knew their cousin, or you knew their friends, or you knew their neighbours.

24 So it has impacted all of us and it is still impacting all of us.

25 And as a mayor for the County, and being the spokesperson for the
26 County, I'm still getting calls. Some calls I will respond to, some calls I will not respond
27 to. And one call, for example, I had a call asking me about gun control. What do I know
28 about gun control? I don't. So I simply said, I don't, so I simply said, "No, I'm not

1 responding to that question. That is not in my realm."

2 **MR. LEO ARTALEJO:** M'hm.

3 **MAYOR CHRISTINE BLAIR:** And I think that this is something for
4 the federal government to deal with and I'm not federal government.

5 **MR. LEO ARTALEJO:** Great. Thank you. So you were the mayor
6 of the entire municipality?

7 **MAYOR CHRISTINE BLAIR:** Yes.

8 **MR. LEO ARTALEJO:** Mr. Taggart, could you talk a little bit about
9 your role as a councillor during that time? I know that you're an MLA now, but let's ---

10 **MR. TOM TAGGART:** Yeah.

11 **MR. LEO ARTALEJO:** --- can you set the scene as a councillor for
12 that district?

13 **MR. TOM TAGGART:** Well, you know, my -- as my council
14 responsibilities, certainly was to support the residents of District 10 -- sorry, I almost
15 forgot -- District 10, you know, west Colchester, and this is smack dab in the middle,
16 and like I say, not far from my home. I'm not sure whether I was doing what I was doing
17 because I was a councillor or because I was from the community. Communities -- in
18 our communities, community is big; okay? I don't know if that's a Yogi Bear or not, but
19 community's big, and I was -- so I guess one of the things I want to say is that -- well,
20 you know -- well, anyway, I'll skip that for now. I'm sure I'll get an opportunity to say it
21 later, but I want to go back to that morning just a little bit, and the one thing that -- the
22 only thing that really sort of maybe sticks in my craw or whatever a little bit from that
23 morning was really the lack of information that we had. I can't really say that enough,
24 you know, rightly or wrongly, I'm just saying that it was very difficult for us to understand,
25 and I'm sure Mayor Blair had the same. You know, we had no real concrete information
26 other than what we're hearing on the street. We're trying to react.

27 You know, I -- one of the things that really got me was I'm thinking it
28 was around nine o'clock or something in the morning, you know, this is getting pretty

1 crazy, and people are kind of getting into panic, and, you know, I'm still sitting, looking at
2 that darn computer. And, you know, I say, "So listen, everybody just needs to settle
3 down. You -- just calm down. Let's find out what's going on here. I said, "They've said,
4 you know, you could lock your door." So I said, "Just lock your door, and stay in your
5 house, and don't open your door unless a policeman comes to your door." Well, you
6 know what? It wasn't, like, five minutes until I get a call from a policeman from another
7 force that says, "Man, you got to get that off there, you know. You just can't have that,
8 you know." And I -- so that kind of, you know, communication, I wish we'd have had -- I
9 wish we'd have known. I don't understand. You know, everybody has their reasons for
10 what they're doing, but for us, I think it was hard to react in that sense because we still --
11 you know, I still didn't know what was going on. But so I just want to say that.

12 But, you know, other than that, along that day, you know, it was all
13 about sort of, in my mind, managing or getting through it, or whatever, you know,
14 understanding and trying to figure out what I should be doing. You ask what my role
15 was, you know, I never really figured out what my role was. A few days later, you know,
16 I received a call from one of the family members that were inside the community. And
17 so I want to be really clear here that so my -- where I felt my role was in those days was
18 really with the community. I mean, I'm not saying that to be anything -- like, the victims,
19 you know, their families were dealing with it, and most -- for the most part, they wanted
20 their -- you know, they didn't want to be involved. But I received a call from some --
21 from a family within that community, and they said that, you know, they're getting
22 tormented, and they didn't want to talk to the press, and sort of would I talk on their
23 behalf. And that's really where I -- that's where my role played in.

24 And within that little Orchard Beach community, subdivision sort of
25 thing, they had the community Facebook thing going there, and it was private, and so I
26 communicated through them and tried to support them that way as much as possible.
27 You know, when there was an issue going on, typically, I would send a message and
28 say, "Here's what's going on. Here's where I'm going with it. You know, what's

1 everybody's opinion?" And, you know, a few people would respond. Most didn't, but I
2 could always tell that they looked at it, so I knew, you know what I mean, that if they
3 were off -- if they thought I was offside, they would tell me. But, you know, from there,
4 that was my role.

5 And from there, and I don't want to talk too much here, I don't want
6 to get ahead of myself, but there was two, in my mind, groups that really, really shone;
7 okay? And that was the municipality and the council, and I'm not saying that because I
8 was there, but they did -- they went, in my mind, above and beyond. And that was --
9 and the other in my mind was Victim Services at the Department of Justice; okay? And,
10 you know, they, in my -- I believe, stepped up big time, you know. And, you know,
11 whether Mayor Blair will have an opportunity I'm sure soon to talk about all the great
12 things the municipality did, you know, with respect to trying to help with funeral services,
13 and putting up private signs, and high on security to make sure people couldn't go in
14 that private road, all those things, so just -- and Victim Services at Department of
15 Justice were there. And, you know, they were trying to -- you know, they were there
16 trying to get set up. I was pretty strong in my desire to have them in that community.
17 And all that was there in that community -- like, we could have gone on down to Bass
18 River to a little bit bigger, more, you know, well-established community hall, or could
19 have gone to Great Village to a fire hall or whatever, but there was this little Portapique
20 community hall that was there that had a -- and this might seem trivial, but, you know, it
21 had a family of skunks living underneath it, and it had not much electricity, didn't have
22 any internet, and it had a wood stove, and this was April. And, you know, every little
23 challenge was overcome by a lot of different people. Community -- or, you know, Victim
24 Services folks showed up there every day and were there for the folks. You know, not
25 sure that -- you know, it was hard to get people to come out. It's hard for people to
26 come out and say, you know, this is really my -- you know, I've got some real mental
27 health challenges here, you know what I mean? This is really -- but they were there for
28 them, and they were there for them right in their community, and that was important to

1 me, and I think it was important to that community. Again, I'm speaking about the
2 community.

3 Now they did other things in Debert and up that way towards, you
4 know, where the other murders were, and they -- I believe they did lots to support the
5 family members. But I have to tell you that Victim Services in Portapique was
6 awesome, and the Municipality of Colchester was awesome in those days for sure.

7 **MR. LEO ARTALEJO:** Great. So I want to do a follow-up about
8 the flow of information. We're going to do a round three around the supports and
9 services, and you've started to touch on some of what those are. But before we go to
10 the supports and services that the community needed, let's sort of stick with the
11 information flow, the timing. What I'm hearing you say is that community members were
12 looking to you for additional information. I think you said to help make sense of what
13 was happening. You two are in a tough spot because you're not sure where to receive
14 that information. So let's just talk a little bit about how that -- how you managed that as
15 a leader that day. What were the information pathways that were either coming to you,
16 or how did you seek out to get clarification? I'm also hearing you, Mr. Taggart, talk
17 about Facebook being an important part, but I'm also sure that your phones were
18 ringing. So let's kind of stick with the communication and information topic, if we could.
19 I'll just start with Mayor Blair. If we could just talk a little bit more about what that was
20 like and how you sought information and how you passed that information on.

21 **MAYOR CHRISTINE BLAIR:** I went to emergency management
22 and tried to find out information and answers from them. I tried to get some more
23 information through our chief administrative officer, and they could only tell me what
24 they knew. I didn't get the full picture until probably the next day after, or late on the
25 19th, when you started getting the reports in.

26 Communication, internal communication was the best that it could
27 be given the circumstances. External communication, in my personal opinion, could
28 have been improved. There's no question of that, in my opinion. Because what we had

1 here, as I said, is the worst intended mass casualty in Canadian history. And that,
2 doubled with COVID, and the pandemic and lockdown, and the lack of communication
3 because of that, it was complicated. And it was a complex situation. And it was
4 complicated by the depravity of the acts of someone who was deemed to be a
5 neighbour.

6 And that neighbour in a rural setting -- when you are in a rural
7 setting, neighbours are everything.

8 You are a community, as Tom said. You are a community, a close-
9 knit community. Each person knows their neighbour. They know their friends. They
10 know what's happening. And this has struck a small community very, very hard.

11 When you have a community the size of Portapique, give or take
12 130, 125, 130 people, I would say, Tom -- around there?

13 **MR. TOM TAGGART:** In that community, yeah.

14 **MAYOR CHRISTINE BLAIR:** Exactly. And you lose 10 percent of
15 the people in that community, that hits hard. And it doesn't just -- and I don't mean -- it
16 hits everyone.

17 The families are devastated. They -- what you have had is an
18 individual in a rural setting who has impersonated a trusted community figure, an RCMP
19 officer, and that individual defiled the trust that we have in our community for those
20 trusted individuals that we have always depended on to protect us, that we have always
21 looked to to help us in situations where we needed help and we needed protection.

22 So you know -- and now, of course, that trust has been amplified --
23 the lack of the trust has been amplified further by the fact that we are dealing with lack
24 of information, shall I say, because that was the original question, what about external
25 communication, what about external information.

26 That does not impact, in my opinion, the people who were on the
27 ground. They are traumatized victims as well because they were serving the
28 community and they were going out and they were working in a situation that was like

1 walking in through the gates of hell when they ran into what they did.

2 No one here has experienced that. How would we ever know?
3 How would we ever expect something like that? How could we possibly imagine what
4 the situation like that would be? And friends and neighbours and loved ones and
5 children.

6 So it's huge. It's a unique and significant traumatized situation
7 when you have an intended mass casualty like this. It makes it different. And that's
8 documented, so you know from other situations around the world where these things
9 have happened that you need to address that trauma, you need to address that grief.

10 And I think we could have done that better.

11 **MR. LEO ARTALEJO:** So on that Sunday before you -- before you
12 had the details it was an intended mass casualty, which I do appreciate that distinction,
13 how -- you were put in the position of people asking you for answers.

14 Did you know where to -- did you know where, for yourself, to go to
15 look for those answers, and how did you fill those gaps over that morning?

16 **MAYOR CHRISTINE BLAIR:** The best way that I possibly could
17 with whomever I could get in touch with in order to get some answers, and the answers
18 were coming in. They were coming in via the news, they were coming in via phone calls
19 saying, "Did you know?".

20 Our Emergency Management team on the ground and, you know,
21 reporting back. Our Chief Administrative Officer was topnotch in this, as he always is in
22 whatever he deals with, and he was relaying information to me as well.

23 So the phone didn't stop ringing.

24 **MR. LEO ARTALEJO:** So you mobilized the Council to help pull
25 information together and ---

26 **MAYOR CHRISTINE BLAIR:** Well, the staff.

27 **MR. LEO ARTALEJO:** The staff.

28 **MAROR. CHRISTINE BLAIR:** Staff, yes. Yeah.

1 **MR. LEO ARTALEJO:** Okay.

2 **MAYOR CHRISTINE BLAIR:** And fully recognizing that there were
3 Councillors on the ground, Councillors in District 10. Tom was the Councillor there.
4 Councillors in District 9, which was the Debert area where we lost two individuals and
5 an unborn child. And the Onslow-Belmont area where there was an incident.

6 And we just don't fully realize how extensive the suffering is, and it
7 still needs to be addressed.

8 I agree with Tom in the Victim Services, the provincial government
9 stepped up to the plate immediately. We had Mental Health and Addictions Services,
10 we had the Victims Services, we had Community Services. Justice was there, of
11 course.

12 And we appreciate that. I have a high level of respect for the
13 people who work in those fields. However, there was a gap that was not addressed,
14 and that gap was dealing with the trauma and the grief, understanding the education --
15 educating people on what trauma is, educating people on what grief is. If you suffer a
16 traumatic event, if you are dealing with trauma, that's not a mental illness. And if you
17 are dealing with grief, that is not a mental illness.

18 So you need to know what your body, what your mind can go
19 through because if it is not addressed and you are not educated and you do not have
20 the support for those things, then you're going to start dealing with the mental illness.
21 Then you are going to start dealing with anxiety and lack of sleep and depression and
22 various forms of PTSD, suicidal tendencies. All of those things.

23 Having a child that will not walk in front of a window in the dark
24 because there's someone out there that might shoot me dead. Things of that nature.

25 And this is what you're hearing in the community, so there are
26 things that truly, truly yet need to be addressed. As much as has been done, more
27 needs to be done, and that's going to take a special team to address it.

28 **MR. LEO ARTALEJO:** Tom, do you have anything to add about

1 information and then we can keep going on support and services.

2 **MR. TOM TAGGART:** Yeah. So with respect to information, so
3 exactly what I did was I called CAO at the municipality. I don't know what time it was.
4 Maybe 7 o'clock or whatever, say, "What's going on, you know? What do you know
5 about it?".

6 Well, he says, "All I know is that, you know, we've dispatched our
7 EMO folks". That's all the information he was given.

8 I called Dave Westlake, you know. He was our EMO guy who was
9 at the fire hall before they came under fire but -- you know. And he just said that, you
10 know, that his information was that there was -- you know, he's very professional so his
11 information was that there was an event in Portapique and he was asked to open up a
12 warming centre or whatever they called it. I forget what the community -- I forget what
13 they called it.

14 So any other information I got other than that, I either got from
15 social media or I was called by police officers that I knew from another organization.
16 That's where I got my information. Simple as that.

17 I didn't get anything, you know -- anyway, that's all I -- that's --
18 yeah. I'd be happy -- anyway, yeah.

19 **MR. LEO ARTALEJO:** Okay. And as you were getting that
20 information, were you using Facebook to repost that to the community or was it one on
21 one on the phone?

22 **MR. TOM TAGGART:** Oh, I pretty well stayed out of -- I pretty well
23 stayed off that after a while. Quite frankly ---

24 **MR. LEO ARTALEJO:** Rapidly ---

25 **MR. TOM TAGGART:** With the -- with everything that was going
26 on and all the -- you know, all the supposition and the lack of information and the -- you
27 know, the hurt from -- you know, some of the families of the victims were -- you know,
28 were kind of -- or at least relatives, maybe not the families, but they were on there and it

1 was -- so I -- shortly after I made that post about that only opening the door to the
2 police, I never went back on it, again, okay. I just tried to focus on what I could.

3 I looked at it a lot, but I didn't do any posting. I just tried to get
4 together information. Mid-morning, mid-afternoon, I went back up -- I went up to see
5 what -- but I -- all I -- you know, nobody -- no information there. Yeah.

6 **MR. LEO ARTALEJO:** So I'm hearing that there was -- your role
7 as an elected official included information sharing and then you both also touched on
8 gathering support and services for the communities.

9 Let's talk a little bit more about, you know, your role as an elected
10 official in gathering that support. I would imagine you were, you know, connecting
11 providers with people that needed those services.

12 Was that -- could you talk a little bit about how you managed that
13 role and how you triaged offers of support that may have been coming from the
14 organizations, the provincial organizations that you mentioned as well as from other
15 parts of Canada or from the private sector?

16 Why don't we start with you, Mr. Taggart, because you -- you told
17 some interesting stories ---

18 **MR. TOM TAGGART:** Well ---

19 **MR. LEO ARTALEJO:** --- yesterday about ---

20 **MR. TOM TAGGART:** Yeah, I did. So ---

21 **MR. LEO ARTALEJO:** --- the trailer.

22 **MR. TOM TAGGART:** Yeah. Yeah. Well, I'll just -- so I think I've
23 already said about, you know, the situation with the no heat and the family under the
24 trailer or the -- all -- and all that. But for example, one of the challenges was no internet,
25 you know. So I called up a guy, a company, and this was on a Saturday, and I says -- I
26 said, "Dan, what can you do to get me..." -- because this is a hall too, like this little hall --
27 a halls -- in a hall. I said, "Dan, what can you do to get me some internet?" "Why?"
28 Well, you know, so I tell him why. And so Sunday morning at six o'clock or seven

1 o'clock, I'm up there meeting one his techs, you know, and he's putting this big thing up
2 on the roof of the -- you know.

3 We needed a -- needed a trailer for -- originally, thought we needed
4 a trailer, like a ATCO office trailer sort of thing to set in beside it there. So I knew at a
5 guy at a company, and called him, and he called somebody, and he called somebody,
6 and pretty soon I get the call back from somebody up here, and he says, "First thing you
7 need to know", he says, "is -- and you can't ask -- you can't ask for too much here. I've
8 been told not to say no, so whatever you want, you tell me what you want."

9 And you know, that's just one example of the -- you know, and --
10 well -- you know. So we decided we needed or we wanted something -- I shouldn't say,
11 we, I think Victims Services or somebody decided we needed -- well, we needed a
12 private place for the people to come in to be able to go see a counsellor or whatever.
13 And so I knew a guy that -- that knew an RV company, and I called him up, and he calls
14 his uncle or somebody, and the next morning we've got this 44-foot RV sitting there, you
15 know, a fifth wheel trailer sitting in the yard. You know, there was just -- like I could
16 have asked, I honestly could have asked for the moon at that time, and I would've got it.

17 And I really regret to this day that I had never been -- I had not
18 been better at putting down, you know, not only that day but in the days following, and
19 as we went down, as the weeks and you know, months kind of rolled in there, that I --
20 that I had not kept good notes and phone numbers, you know. But I was overwhelmed,
21 I'll be honest with you.

22 But you know, the amount of people that called from all over
23 Canada, it was just insane, you know. "You know, we've got a truck going there once a
24 week to Halifax if you need this. " You know, "We've got..." -- you know -- you know,
25 you name it. I'm -- it's just unbelievable the way that people in that sense turned out to
26 support that community, you know.

27 And even though, you know, there was 23 victims, I'm sorry, 22
28 victims, and an unborn child, and only 13 were from our community, you know, our

1 community of Portapique was the focal point, and -- anyway. I can't say enough about
2 the way people wanted to support for sure.

3 **MAYOR CHRISTINE BLAIR:** Yeah.

4 **MR. TOM TAGGART:** Yeah, anybody would just -- it was just --
5 yeah.

6 And I just want to say this, you know, I, you know, I had calls, and I
7 -- I didn't take -- I became very selective, and after a while the media became very
8 selective too, because I made it very clear that I wasn't going to talk about anything but
9 the community. Now, I had calls from Sputnik. I had calls from, you know, people,
10 radio, television, you know, in the United Kingdom, and stuff like that. I had calls from
11 what I would refer to little old ladies in Sweden, you know what I mean, that just had to
12 call and say, because -- I don't know how they got my number, but they just had to call
13 and say, you know, that, you know, that how it hurt, you know what I mean, and that.
14 So I just wanted to say that that's important because there's been a whole lot of hurt
15 here that we'll never get over, but there was a lot of -- there was some pretty -- there
16 was a lot of people wanted to -- wanted to step up. Yeah.

17 **MAYOR CHRISTINE BLAIR:** And I will agree to that. Our
18 community support was fantastic. We received gifts and cards and letters from across
19 this country, in the United States, the United Kingdom, Switzerland, Australia, New
20 Zealand. It was amazing the amount of support that was sent to us, "What can we do?"
21 "Is there anything we can do to help you?" One 80-year old-plus gentleman knit kind of
22 an Afghan-type thing for the children, one for each child, that was there after the
23 shootings that had been directly impacted because they'd lost parents and so on, and
24 that was really significant, it was very special. And he did that probably as a therapeutic
25 thing for him, but it meant a lot in the community when they were passed along. Things
26 of that nature. But we had all kinds of letters and support.

27 And the community at large was phenomenal. The Portapique
28 Build Up Project is a project that's being backed by the Rotary Club of Truro, and that's

1 really Truro and the entire Colchester County and community, and Tom, you were
2 involved in that, I've been involved in that, and it's something where that little hall that
3 had no internet and no heat is being turned into a community centre for this community
4 of Portapique and the residents of Portapique. And that is a very, very special thing.

5 Whatever you could do to help the healing, and if this is going to
6 help the healing, then it's worth everything that you put into it. It's -- the general --
7 generally, the greater community has been very supportive. They wanted to chip in to
8 help wherever they could, donations, fundraisers. There was a vigil a week after, you
9 will recall, and whatever the community could do.

10 And the community is still there. It's a small rural community.
11 Colchester County is a rural community. Nova Scotia, in comparison to a lot of Canada,
12 is a rural province, but we -- that's part of our charm, that's part of who we are. And you
13 can't drop a person down in the -- anywhere in Nova Scotia without finding some
14 connection somewhere. "Yes, that's my cousin", or "Oh, yes, that's the fellow that's
15 married to my sister's brother", or "my sister's husband's brother", or something like that.
16 We have those connections, that's us.

17 So when you talk about community, you're talking about Nova
18 Scotia. And are we strong? Yes, we are. Are we resilient? Absolutely. But that
19 resilience and that strength needs support of knowing what it is that is happening to us
20 in a situation like this, and that's where the trauma and grief education and support
21 come in.

22 **MR. LEO ARTALEJO:** Yeah. I'd like to go a little bit deeper on the
23 trauma support, grief support, and I wanted to just clarify that when, Mr. Taggart, when
24 you said that the RV showed up so that you could meet with a -- with your counsellor,
25 that you were -- you were referring to the -- a mental health professional not a municipal
26 councillor, and that that was brought in as a private space, correct ---

27 **MR. TOM TAGGART:** Yeah.

28 **MR. LEO ARTALEJO:** --- to have conversations with mental

1 health professionals?

2 **MR. TOM TAGGART:** Yeah, there was a -- mental health folks
3 there. I -- I can't say every day, but I believe they were there every day, you know.

4 **MR. LEO ARTALEJO:** Yeah.

5 **MR. TOM TAGGART:** We had -- we -- we didn't -- Justice and
6 Victims Services had -- I -- they had mental health professionals there, they had -- and
7 they also had people that would -- that would facilitate, that's something else I should
8 bring up, would facilitate professional help with different levels of psychiatrists or
9 whatever.

10 Another group that was willing to step up, I don't think they were
11 needed, but there was the Psychology Association of Nova Scotia or something. They
12 got a hold of me, you know, and they had a list of, like, 40 different psychologists, I don't
13 know if that's the right word, that were willing to come and help, you know, pro bono.
14 You know, legal, lawyers, stepped up to the support the families with respect to the --
15 you know, the death details, you know ---

16 **MR. LEO ARTALEJO:** Settling the estates.

17 **MR. TOM TAGGART:** --- the probates and all that kind of stuff.
18 You know, everybody was there to help, yeah. Yeah, yeah.

19 **MR. LEO ARTALEJO:** One of the things that I wanted to hear a
20 little bit more about is as a leader, you do have a role in normalising mental health
21 support ---

22 **MR. TOM TAGGART:** Yeah.

23 **MR. LEO ARTALEJO:** --- and people are coming to you. And one
24 of the things that I think is very interesting is the idea of Nova Scotia Strong is a
25 beautiful idea, but we -- each of us may not see ourselves as strong all the time. And
26 so I'm just wondering if you could talk -- start to talk a little bit about the support the
27 community needs, and you've mentioned that there are still gaps. Let's talk about what
28 some of those things are in terms of grief counselling, and maybe what training an

1 elected official might need to be able to refer or connect people to those services?

2 Do you want to start, Mayor Blair?

3 **MAYOR CHRISTINE BLAIR:** Thank you. We have to remember
4 that this trauma was unique and significant because it wasn't only suffered by the
5 survivors, family, friends, communities. It's well documented after other mass shootings
6 that suffering can include new and worsening addiction, new and worsening mental
7 health diagnoses, including psychosis, increases in violence, including intimate partner
8 violence, increased risk-taking behaviour, anxiety, depression, PTSD, and suicide. So
9 these are known and expected events based on other situations of this nature.

10 But it is possible to mitigate these known risks and harms. And in
11 order to do that, what you need is to have a team. You need to have a team of
12 specialists in place that will fill that gap.

13 Mental health, as I said before, is phenomenal. They have a huge
14 job, but they don't need more of the same on their hands. They don't need to deal with
15 this. What we need is a team put in place that can educate and support to go out into
16 the community, not just have the individuals come to you or call a 1-800 number. You
17 need to have a team in place that is prepared to work with the community.

18 And this, I don't think, is just the provincial government's role. I see
19 this as all governments' role. Something that the federal government can get involved
20 in. Something that the provincial government can get involved in. Set a team aside
21 separate and apart from mental health. And have that team be prepared, because we
22 know that if a trauma is not understood, it's going to be not just a mental thing, but it's a
23 physical thing as well. It affects you physically, it affects you mentally.

24 And if you are a grieving person, you are not a person that is
25 suffering from a mental illness. You are a person that has to understand what stages
26 you are going through in that grieving process and what you can expect.

27 And it's similar with the trauma. If you're dealing with trauma, you
28 need to know what is going to happen, what might happen. You have to have that

1 understanding.

2 It's been shown and you have heard it in these hearings, that the
3 counselling or medications are not always working. So why is the question. And it's my
4 belief that it's because that gap, that gap has not been filled.

5 So you have to -- that's what we need. I believe that's what we
6 need. We need to hire a diverse, specific trauma grief team, inclusive of a coordinator
7 and diverse skilled clinicians, and within an area where they can -- and have an area
8 where they can work and help the healing process.

9 People out there are suffering. And when you look at steps ahead
10 and recommendations that this inquiry will make for what can we do in the future to
11 hopefully prevent something like this from happening again, that's a hope that we can,
12 but it's not a guarantee that we will. So you have to -- you have to think in those terms.
13 What can happen? What might happen? What are we going to do to address it if it
14 does? What are the first steps? The first steps is understanding what it is you're going
15 through. And this is something that people have heard before. People have gone
16 through it before. It's documented. Port Arthur in Tasmania 25 years ago. There's
17 documented proof of the things that can happen to you.

18 But along with that process, we have to also rebuild trust in the
19 community. And that's tough because we are -- we were in the midst of covid, we had
20 this horrid, horrible, indescribable event happen in our rural community, where we all
21 should feel safe, and trust has been challenged.

22 You've got officers with the RCMP who are on the ground, and I'm
23 sure that they are dealing with trauma too. How could they not be? This is an
24 unprecedented thing in our area. We have never seen this before.

25 So you've got a world-class police force that we always, always put
26 our trust into. You have officers that are dedicated, committed, and have a passion for
27 the work that they do, and yet they have always been there to protect us, they have
28 always been there for us, and now that trust has been challenged because of the

1 depravity of an individual that committed these unspeakable acts.

2 So it's not going to be easy to rebuild that trust, but it is something
3 that we need to do. But we do need the education and we do need the support for the
4 people, for the families, for the service providers, for the first responders, for the fire
5 fighters, for the emergency teams that have gone in, our Emergency Management
6 Team, the ambulance drivers. Whoever was on the scene and whoever is part of this
7 whole process, we need to have that support there for them. That's the gap that hasn't
8 been filled. That gap of dealing with the trauma and the grief and understanding what
9 that is, what those are.

10 My thoughts.

11 **MR. LEO ARTALEJO:** Thank you. Mr. Taggart, anything to add --

12 -

13 **MR. TOM TAGGART:** I do.

14 **MR. LEO ARTALEJO:** --- on support services?

15 **MR. TOM TAGGART:** Yeah. And with all due respect, it was my
16 understanding that we were here to talk about the events following that day. And so if
17 we're going to talk about what needs to be needed or what some people view as what's
18 needed after that, ---

19 **MR. LEO ARTALEJO:** M'hm.

20 **MR. TOM TAGGART:** --- I think that's a different discussion.

21 **MR. LEO ARTALEJO:** Okay.

22 **MR. TOM TAGGART:** But I need to say that I would love to see a
23 grief and trauma support, but it has got to have mental health involved in it. I just can't
24 say that enough. I've heard this -- you know, there's been continuing dialogue that we
25 need to have this separate -- that this Commission is going to fund a grief and trauma
26 centre. And not have something all encompassing is just beyond me. I've tried to talk
27 to several different experts. I'm just, you know, an elected official. But the idea that we
28 wouldn't have this whole all-encompassing -- and I'm sorry, I'm only saying that -- but

1 because I have to say it. I believe -- I feel very strongly about it.

2 With respect to the days afterwards, I live with those people. I
3 understand their emotions. I've sat with them at the table while they've cried. I know
4 how it's affected them. I know how it's affecting their mental health. I know how it's
5 affecting the mental health of other people in the communities. I've been there since
6 April the 19th, 2020. And it ain't -- it's not pretty. You know, this whole -- you know, I've
7 talked a lot about, you know, the things that people did to support us as a community
8 and I just can't even imagine what it's like for the family members.

9 But I know what it's like for the people in the community. I know
10 what it's like for me. I know what it's like it for my family. I know what it's like for my
11 friends and neighbours. Not all of them that lived right there that night, that lived in a
12 community that were -- that were -- that thought they were safe and secure. You know,
13 that -- that never locked their door. No one ever locked -- I digress a little bit here too,
14 but, you know, the door was never locked at my house, you know. And man, I tell you,
15 my wife doesn't go to bed without going to every door to make sure it's locked. I know
16 people that if they get up in the night to use the washroom, they can't go back to bed
17 without looking out the window. You know, those things have impacted our community.
18 And there is no question that they -- our communities and the people that were affected,
19 from a large community, need support. But I believe it needs to be broad based.

20 I'm sorry to get off on that little tangent, but I had to say that, you
21 know. And I understand what Mayor Blair was talking about with respect to grief and
22 trauma, but trust me, I do. But mental impact on a lot of those folks is huge. Man, I've
23 sat with -- you know, I've sat with Barbara McLean, you know, when she interviewed
24 families down there that the -- you know, and it's tough. Like, those people -- so if I
25 could -- and, you know, they're kind of forgotten about here too, you know, they really
26 are. And I think that that's a recommendation that I want to make; okay? You know,
27 and I apologize for this but because there's a couple of places where I believe I failed
28 too, you know, but, you know, in this whole inquiry, okay, everybody's represented, you

1 know, really. We spend a tremendous amount of money, all the -- rightfully, all the
2 victim's families have legal support, somebody has their back; okay? The Commission
3 has this big PR whatever system backing them. And there's these people in that
4 community that don't even -- that this Commission isn't supporting in any way; okay? I
5 have asked, just through Barbara, she's been my contact a lot, you know, within the
6 community and within the investigation, that some of these folks have legal support
7 because, you know, their names are in the news all the time. You know, attorneys for
8 the families have had asked -- have questions asked of what they saw and what they
9 said, and they're hanging out there. And so the only way that they could get the support
10 from this Commission, you know, is ---

11 **MR. LEO ARTALEJO:** Yeah.

12 **MR. TOM TAGGART:** --- is if they, okay, I guess, apply to be a
13 Participant or something. I just wish that they -- because, you know, they're victims too.
14 I can't say that enough. I just can't say that enough.

15 And I want to go -- there's one more thing and I'll get back -- you
16 can ask your question. One more thing is important here for me to say because this is
17 kind of where I think we fell -- I fell down a little bit here, you know. And I'm sorry, I'm
18 trying to get my head around framing this right. But one of the places that I think that I
19 dropped the ball a little bit because they were -- and I think the municipality did too;
20 right? But they were my residents too. They just weren't in Portapique. But the fellows
21 at the fire hall, and Dave Westlake, you know, I'm not sure that -- you know, I didn't
22 even think of them at the time. That's the God's honest truth. I never ---

23 **MR. LEO ARTALEJO:** Yeah.

24 **MR. TOM TAGGART:** --- to Dave Westlake. I was his employer in
25 a sense, you know what I mean? I feel guilty about that; right? I never went to him and
26 said, "Dave, how's -- what's going on, you know? How's your -- how's this -- how's your
27 head?" You know what I mean? I never said ---

28 **MR. LEO ARTALEJO:** Yeah.

1 **MR. TOM TAGGART:** --- that. I never went to the guys at the fire
2 hall. Like I said at the -- over at the World Trade Centre, I really didn't know how bad it
3 impacted until I listened to them that day at the -- and so that kind of -- I just need to get
4 that off my chest a little bit too, you know what I mean? Like ---

5 **MR. LEO ARTALEJO:** Tom, I'm hearing you ---

6 **MR. TOM TAGGART:** --- a lot innocent victims here.

7 **MR. LEO ARTALEJO:** Yeah.

8 **MR. TOM TAGGART:** They're all innocent victims, you know what
9 I mean, but we need to understand that. And that goes all the way back, right from the
10 guys at the fire hall, to the families that lived in that little community, to the people, the
11 other community members, seniors on their own, or young families ---

12 **MR. LEO ARTALEJO:** Yeah.

13 **MR. TOM TAGGART:** --- or whatever, in our community, and we
14 cannot forget about them, because this has impacted them. You know, there's a
15 tremendous amount of young families in Portapique, more than I realized, you know,
16 that weren't in that little Orchard Beach part of the community, with young children that
17 had their friends, you know, that their friends were -- and, you know however we frame
18 that with help, we need to make sure it's there when it's all over.

19 **MR. LEO ARTALEJO:** Yeah.

20 **MR. TOM TAGGART:** Thank you.

21 **MR. LEO ARTALEJO:** Mr. Taggart, I want to thank you for
22 bringing your passion and your humanity to the Commission. I -- what I'm hearing you
23 say is that we've all been impacted on a ---

24 **MAYOR CHRISTINE BLAIR:** Yes.

25 **MR. LEO ARTALEJO:** --- spectrum, and I'm hearing you advocate
26 that there are still people that are suffering, and in some ways, all of Canada were
27 touched ---

28 **MR. TOM TAGGART:** Oh ---

1 **MR. LEO ARTALEJO:** --- by this event in different ways, and I'm
2 glad ---

3 **MAYOR CHRISTINE BLAIR:** M'hm.

4 **MR. LEO ARTALEJO:** --- that you name that because the idea of
5 never locking your doors and now you and your wife lock your doors, you know ---

6 **MR. TOM TAGGART:** Not just us.

7 **MR. LEO ARTALEJO:** --- it's not comparative -- it's not to compare
8 to others, but there has been something -- we're all grieving the loss of something, and I
9 just wanted you -- I appreciate that you name that, and I think that's why the work of this
10 Commission is so important and why I'm proud to be a part of it.

11 Any final ---

12 **MR. TOM TAGGART:** Well, I just -- I want to make one more point
13 on that quickly.

14 **MR. LEO ARTALEJO:** Yeah.

15 **MR. TOM TAGGART:** And that is that -- so I spent a lot of time up
16 there. I spent a lot of time, especially after the police left, and we had the ---

17 **MAYOR CHRISTINE BLAIR:** Vigil.

18 **MR. TOM TAGGART:** Yeah, no, the memorials, we moved it up
19 the street to try and -- because it would be safer.

20 **MAYOR CHRISTINE BLAIR:** Oh, yes, yes.

21 **MR. TOM TAGGART:** And, you know, there was a move by some
22 to get it out of there because they didn't want to be known. They wanted this all to go
23 away, and I fully understand that. But I was there for a lot of that, and people came
24 from all over Atlantic Canada, you know, and so I made a lot of comments about --
25 because I was trying to keep people out of the community, you know, the looky-loos and
26 all this kind of stuff, you know. But by the same token, I was there when people from
27 Bathurst, New Brunswick, you know, were standing there crying, you know what I
28 mean? Like, this impacted the -- you know, like, I can't -- I don't know how to say this,

1 but this changed a lot of lives forever. This can happen in downtown Montreal or where
2 is it, Uvalde, Texas, or whatever, but it isn't supposed to happen in Portapique.

3 **MAYOR CHRISTINE BLAIR:** M'hm.

4 **MR. TOM TAGGART:** And I think that -- and the people in
5 Bathurst, New Brunswick, or some little community, you know what I mean, in New
6 Brunswick, it isn't supposed to happen there, but it did, and it's changed all our lives;
7 okay? We can't ever forget that.

8 **MR. LEO ARTALEJO:** Yeah.

9 **MR. TOM TAGGART:** And I guess that's all I want to say on that,
10 yeah, yeah.

11 **MR. LEO ARTALEJO:** Well, it's -- do you have anything to add,
12 Mayor Blair?

13 **MAYOR CHRISTINE BLAIR:** Well, in Atlantic Canada, of course,
14 we are very close. We have a lot of relatives throughout Atlantic Canada, from
15 Colchester County, relatives in New Brunswick, and relatives in PEI, and Newfoundland
16 and Labrador, and right across this country. So it has affected all of us. There is no
17 question of that. And when I'm talking about trauma and grief, I'm seeing a gap that
18 hasn't been filled. That does not replace the services that mental health and addictions
19 can offer. It does not replace the services that critical incidents teams can provide,
20 because they are highly respected organizations, and they have a role to play here.

21 What we are looking at with trauma and grief and dealing with it in a
22 supportive manner is preventing some of those things from happening with education
23 and support. And I think that is something that we need to really look at seriously, to fill
24 that gap. And when you have people that are suffering from the effects of trauma
25 without having them addressed as perhaps they could have been pre-mental health
26 issues, or pre-mental health support, then you're preventing a lot of the anxiety, or
27 you're allowing someone to understand if that anxiety or depression does occur.

28 The other part of that is if it isn't addressed and addressed the way

1 it should be with the professionals in the field that can deal with this, then you are
2 looking at impacts on your economy as well because people don't feel like going to
3 work. They're not interested in going to the job because they're not feeling well. And
4 why are they not feeling well? Because they're not understanding what is happening or
5 they're not getting the proper education or support that they need in order to function.
6 So that's another aside and another impact.

7 This has been so horrendous. It has been so horrendous from the
8 depravity of one individual that we will never fully wrap our heads around it. We'll never
9 fully get an understanding. There's -- how can you possibly create a reason for
10 something like this happening when it is so totally and completely unreasonable. There
11 is no reason. It was the act of an individual, and how we all pray that we could turn the
12 clock back and bring those people back and deal with this individual in a different way.

13 **MR. LEO ARTALEJO:** So one of the things that I'm hearing you
14 highlight is there was the short-term response and you highlighted ---

15 **MAYOR CHRISTINE BLAIR:** Yes.

16 **MR. LEO ARTALEGO:** --- internationally but I think really what I'm
17 hearing you advocate for is to look at the work that's left to do, and I think the
18 Commission ---

19 **MAYOR CHRISTINE BLAIR:** Yes.

20 **MR. LEO ARTALEJO:** --- and the recommendations coming down
21 with this Commission are an important part of doing something.

22 **MAYOR CHRISTINE BLAIR:** Yes.

23 **MR. LEO ARTALEJO:** I just -- I just want to thank you both for
24 being here. I wanted to -- before we close this Small Group Session, I just wanted to
25 check in and say is there anything that we didn't cover that you would like to cover, or
26 anything else you'd like to say before I ask the Commissioners if they have any
27 clarifying questions? I'm happy to -- any thoughts?

28 **MR. TOM TAGGART:** No. For me, no. I -- you know, I -- I

1 appreciate the -- I appreciate everything that everybody has done and did in the days
2 following, without question. I -- and -- no, we can never forget about the way that this
3 has impacted those communities and those families, we just can't. You know, it just -- I
4 know it's happening in other places, but it happened in our place, and not supposed to,
5 you know.

6 You know, all those people who came to that community, most of
7 those people were from, not most of them, a goodly part of the people that died in
8 Portapique didn't grow up Portapique, you know. They came there because it was just
9 a beautiful, peaceful place. And -- and here we are. So you never lose -- you can't ever
10 lose them. Anyway, that's it. Yeah.

11 **MR. LEO ARTALEJO:** And how we can honour those people is by
12 making changes to the system ---

13 **MAYOR CHRISTINE BLAIR:** Yes.

14 **MR. TOM TAGGART:** Yeah, yeah.

15 **MR. LEO ARTALEJO:** --- and institutions.

16 **MR. TOM TAGGART:** Yeah.

17 **MAYOR CHRISTINE BLAIR:** That's right.

18 **MR. TOM TAGGART:** Go ahead.

19 **MAYOR CHRISTINE BLAIR:** Thank you. All we can do is speak
20 from the heart in this issue. It's impacted all of us. It's never going to go away. We're
21 never going to forget. It's part of our history, and we should learn as much as we can
22 from this incident happening. How do we move forward? How do we protect ourselves
23 better? How do we train better? Should elected officials have training in trauma,
24 dealing with trauma issues? What do we do in the future in order to help alleviate
25 situations, potential situations like this? Pray we never have to deal with anything like
26 this in our lifetimes again. It's been horrific.

27 **MR. LEO ARTALEJO:** Just wanted to check in with the
28 Commissioners, see if there's any follow ups.

1 Well, I want to thank you on behalf of Nova Scotians and
2 Canadians for being here today. We all know that being a political leader requires
3 balancing politics and leadership, and both of you have really shown up as leaders in
4 the true sense of the word. I mean, you were -- you were called to try to make sense of
5 something that's very difficult to make -- to make sense of, and -- so on behalf of the
6 Commission Team, I'd like to thank you for being willing to be here today. We know it's
7 not easy to revisit these memories and to talk about those things, and I just wanted to
8 thank you on behalf of the communities and all Canadians for your public service that
9 continues to this day.

10 And I thought it was really beautiful that both of you, when we were
11 meeting yesterday, just said, you know, "I just want to show up and help." And I -- and
12 if I were to connect many of the elected officials with some of the other first responders
13 and service providers that we've heard from over small groups over the last couple of
14 days, elected officials are an important part of that. And what I heard from both of you
15 is that you weren't necessarily choosing to wake up on that Sunday and do what you
16 did, and in that sense you did the best you could. And so I also wanted to -- Tom, you
17 said, you know, you could have done better, and we all could have done better, I could
18 have done better at facilitating the session today, but you did what you could. So on
19 behalf of Canadians, I want to -- I want to thank you for that, and just really thank you
20 for being part of the Commission, and appreciate your time and energy. Thank you.

21 **COMMISSIONER MacDONALD:** And if I could add, thank you,
22 Mr. Artalejo. And a special thank you to you, Mayor Blair and MLA Taggart. Thanks for
23 being here. You didn't have to be here, you know. You were there for your people, and
24 you continue to be there for your people, and really, really respect your passion for the
25 people you represent, and that's greatly appreciated.

26 I mentioned this this morning, that it's important for us to, when
27 we're making recommendations, that they be practical and realistic, so it's -- we have to
28 hear from people like you who've lived through it, who've -- who've had those very

1 difficult experiences and difficult conversations. And this afternoon was another difficult
2 conversation, but a very important conversation. And we really, really appreciate your --
3 can only imagine how busy you are, but we really appreciate your honesty, your
4 candour, and taking the time to be very helpful for us.

5 And the theme that's emerging yet again today is, is that you help
6 people, and that's what you do for a living, and you highlighted how everybody around
7 the country and even beyond have been helpful. But today, for us, you've been
8 particularly helpful, and it's going to really help us understand in a way we wouldn't have
9 otherwise understood the challenges you faced and the recommendations that will flow
10 from it.

11 So thank you for supporting our work. It's greatly appreciated.
12 Thank you.

13 **COMMISSIONER STANTON:** Just to close today, you referenced,
14 Mr. Taggart, some of the meetings you attended with the Director of Investigations for
15 the Commission, Barbara McLean.

16 **MR. TOM TAGGART:** Yeah.

17 **COMMISSIONER STANTON:** And she, through those
18 investigations and that of her team, what we've been hearing was the difficulty of getting
19 information, especially from April 19th onward. And so part of the purpose of the -- of
20 these Small Group Sessions was really to surface that, the ways in which people then
21 sought pathways for getting information. And so sometimes, it was through the Medical
22 Examiner's Office, sometimes it was through their local councillor, sometimes it was
23 through Victims Services, people tried to find different ways to get information because
24 they weren't getting it where they thought they might or for whatever reason.

25 And so in our Orders in Council, the mandate that we have,
26 requires us to examine the information and support provided to the families and affected
27 citizens and the community. And so as Commissioner MacDonald has said, these
28 conversations the last couple of days have assisted us in seeing, okay, where do

1 people go for information, and what is available in that -- in that set of circumstances?
2 And with an aim for us to be able to make recommendations that perhaps can organise
3 some of the chaos in the future if there should be such an -- such an incident again.

4 We -- I would also just like to say that through this work, of course,
5 we hear a lot of the negative, we hear a lot of the terrible pain and the suffering, and it's
6 -- it's also important to hear what was good. And what we heard today was what was
7 good about the communities coming together and people offering help from all over the
8 place, and caring about one another. And it's important to remember that in the midst of
9 all of the suffering and pain that there is also that desire to seek community and support
10 and help one another, and I really appreciate that both of you have surfaced that today,
11 to remind us that there is good in the world and in the communities and that we all
12 benefit from remembering that.

13 Next week, our public proceedings will be back at the Best Western
14 in Truro, and we'll be hearing from Constable Nick Dorrington about containment efforts
15 and scene containment at Portapique. Commission Counsel will share additional
16 Foundational Documents focussed on different kinds of communication and supports
17 that were available after the mass casualty. And in that context, we'll also be hearing
18 from Constable Wayne Bent, who acted as a family liaison. Later in the week, our
19 Research and Policy Team will be facilitating a roundtable on Communications and
20 Interoperability.

21 And a reminder that the work of the Commission does continue
22 even on days when there are no public proceedings. We're advancing our independent
23 investigation, preparing to share more Foundational Documents, source materials, and
24 Commissioned reports, and preparing to hear from more witnesses and roundtables.
25 We're also sharing information in an ongoing way with the Participants and their
26 counsel, and reviewing and responding to Participants' submissions.

27 The calendar on the website continues to be updated on Fridays
28 with schedule details. Members of the public who'd like to attend proceedings in person

1 can register online, and everyone's encouraged to visit our website to access the many
2 documents, videos, and resources, including information about the Commission, our
3 work, wellness supports, exhibits and webcasts from the proceedings. Research
4 opportunities to make your own submissions.

5 Public submissions can be about research you believe relevant to
6 our work or ideas for change you'd like to see in your community. And I just want to
7 thank everyone again for your ongoing engagement. And public proceedings with
8 resume on Monday. Thank you.

9 **COMMISSIONER MacDONALD:** Thank you.

10 --- Upon adjourning at 3:18 p.m.

11

12

C E R T I F I C A T I O N

13

14 I, Sandrine Marineau-Lupien, a certified court reporter, hereby certify the foregoing
15 pages to be an accurate transcription of my notes/records to the best of my skill and
16 ability, and I so swear.

17

18 Je, Sandrine Marineau-Lupien, une sténographe officiel, certifie que les pages ci-hauts
19 sont une transcription conforme de mes notes/enregistrements au meilleur de mes
20 capacités, et je le jure.

21

22



23 Sandrine Marineau-Lupien

24